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UNIVERSITY OF ALBERTA

# A PROFILE OF BASIC SKILLS FOR ADULTS WITH MENTAL HANDICAPS

BY

ANN MARIE LIND-WILSON

A THESIS
SUBMITTED TO
THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF EDUCATION
IN
ADULT AND HIGHER EDUCATION

DEPARTMENT OF ADULT, CAREER AND TECHNOLOGY EDUCATION

EDMONTON, ALBERTA
SPRING, 1990

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SUBMITTED BY ANN MARIE LIND-WILSON

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION IN ADULT AND HIGHER EDUCATION.

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# Abstract

This study was concerned with making a contribution to curriculum development to help people meet their basic human needs and function in adult roles. The group of people focused upon have mental handicaps. Needs and adult functions can be viewed from a number of perspectives. In this research the needs addressed were basic human needs, common to all people, and the adult functions centered upon were those collectively applicable to all men and women living in Alberta communities.

Many factors play a role in meeting basic human needs and preparing for adult life. This research focused on one dimension of curriculum design: the initial identification of skills which help people meet basic needs and function in adult roles.

Data collected were of two types: questionnaire data and Review and Assessment Panel (RAP) data. The questionnaire data were of an interim, building block nature in the study and were derived from administering two questionnaires. The RAP data were formulated using the questionnaire data as a guide during a two-day Review and Assessment Panel session which resulted in the major product of this research, A Profile of Basic Skills for Adults with Mental Handicaps Living in Alberta.

The results of the study hold prospects for further resolving and understanding the difficulties people having mental handicaps are currently experiencing in the realms of assuming adult roles and meeting their basic needs.

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Many people provided support and encouragement throughout the preparation of this Thesis. To my Supervisor, Dr. David Collett, I extend appreciation for your counsel during all the stages of the Thesis; I learned not only from your direct guidance as a mentor, but also from what you modeled. I feel privileged to have had you as my Supervisor. To each of my Committee members, Dr. Paula Brook, Cheryl Crocker, and Dr. Linda McDonald, I wish to express gratitude for your constructive input which improved the Thesis. To the Staff of the St. Paul and District Association for the Handicapped who participated in this study, I thank you for your time and energy. The Profile of Basic Skills for Adults with Mental Handicaps which resulted from this research represents your perceptions. To Lawrence, my loving husband and friend, I thank you for your tireless emotional support and for providing me with the opportunity and security to devote myself wholly to study for over one year; and to Jay, my dearest son, thank you for your understanding and brightening of each day.

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# CHAPTER 1

# INTRODUCTION AND PROBLEM

## Introduction

A current challenge in the field serving adults who have mental handicaps is to remedy the shortcomings that exist in effectively equipping them with the skills they require to participate in age-appropriate roles as members of society and have their basic needs met.

From a theoretical point of view, this challenge may be considered as one of the stages the field affiliated with persons having mental handicaps will experience moving from the initial conceptualization of reform-based philosophies to eventual definition and application. More specifically, reforms which have gained acceptance in the last decade are normalization, or using the current term, social role valorization, and integration of persons having mental handicaps into the larger society within which they live. These movements characterize the changes in viewpoints regarding the treatment and care of such persons from maintaining them in institutionalized and restricted settings to providing them with options to live within community-based settings.

Normalization is best-known through the work of Wolf Wolfensberger. The aims of normalization include maintaining access for persons with mental handicaps to culturally normal rights and experiences, and changing practices and attitudes that perpetrate segregration (Peck & Hong, 1988). In 1983, Wolfensberger proposed a new term for the principle of normalization: social role valorization. Valorization implies "attaching value to something" (Wolfensberger, 1984, p. 23). Wolfensberger tied the normalization principle under the new term to "promoting and defending valued social roles" (p. 23). Social roles and social values are intertwined--thus the new name for the concept, social role valorization. Although a new term has been proposed, the word normalization was used throughout this thesis to refer to the above-referened philosophy. Integration is a concept connected with normalization which aims to bring people with mental handicaps back to the community to participate in accordance with their capabilities as citizens along with all others.

Efforts to implement these ideologies, under a variety of strategies, have created new opportunities for people with mental handicaps in the area of self-determination. But, at the same time, the philosophies require that people so impaired endeavour to fulfil various roles as integrated members of society beyond that conceived in the very recent past. The experience over the past decade has shown that the shift in lifestyle from institutionalized or restricted settings to more independent community-based living has posed difficulties for persons having mental handicaps.

From a discernable point of view, then, the challenge to assist adults with mental handicaps in their acquisition of skills for ability-aligned and age-appropriate independence and community living stems from the frustrations and problems they experience trying to make social, occupational and daily living transitions to adult life. These problems have received professional interest over the last decade, as is evidenced in the amount of literature pertaining to the topic and the growing attention to developing life skills training programs to meet the needs of persons having mental handicaps.

Despite the efforts to prepare people with mental handicaps for independent or, as appropriate, inter-dependent adult roles, problems in this area persist. A need exists to explore further and identify content which could be used to develop a curriculum that addresses skills to help people with mental handicaps satisfy their basic needs and function as effectively as possible in adult roles. This research aimed to make a contribution in that area.

## Background to the Study

A number of studies showed that people with mental handicaps have difficulty in the realms of work, daily living, and personal/social skills. Persons so handicapped have faced frustration in obtaining and retaining employment; acquiring the capabilities to handle everyday community living situations; practicing personal care routines; and developing social process competencies.

Performing independent-living, adult roles encompasses the possession of a broad spectrum of skills. Although many training programs have helped people with mental handicaps attain some working and living skills, nevertheless, they continue to face situations on a daily basis which they have not been adequately prepared to handle.

Seeking resolutions to such problems can be approached from a number of perspectives. Several factors in the lives of people with mental handicaps either contribute to or detract from their opportunities to successfully integrate and function as members of society and have their basic needs met. External ecological variables, such as the social, political, cultural and physical environments, and the support networks which a community makes available to persons with mental handicaps are essential components to consider. Such elements play crucial roles in facilitating persons with mental handicaps achieve meaningful participation in society. These variables are changeable, however, since they reflect the societal philosophies and accordant commitments of their day. On the other hand, one of the most permanent, consistent and unchangeable factors which can contribute to a genuine increased level of normalization and integration is the possession of skills needed to function in adult roles and meet basic human needs. Based on this viewpoint, the study focused on identifying skills, which once acquired, could help persons with mental handicaps achieve adult roles as integrated members of the community.

### Justification for the Study

Workers in the field affiliated with persons who have mental handicaps expend much energy and assume significant responsibility in assisting those with whom they work attain a variety of skills. Particularly during the past two decades, educational programs for people with mental handicaps have been greatly expanded and strengthened as the normalization and integration concepts were endorsed. Despite the number of programs available, a study oriented specifically to identifying skills which help meet basic human needs, as outlined by Alberta workers in the field, and which are specific to functioning in adult roles in Alberta society is not known to exist.

## Statement of the Problem

Based on the difficulties persons with mental handicaps have in assuming independent-living, community-based adult roles and subsequently in having their basic needs met, a query regarding what skills could help to achieve such ends arose. This study sought answers to the following research problem:

> **What attainable basic skills for adults having mental handicaps would facilitate their meeting basic human needs and integration into age-appropriate roles in Alberta society, providing assistance to learn the skills is given?**

The following sub-problems served as guides to the development of the study and to the analysis of the data:

1. What are the basic skills required by adults with mental handicaps to function in age-appropriate roles in Alberta society?

2. Which basic skills facilitate meeting each basic human need?

3. What is the perceived probability that adults with mild, moderate or severe mental handicaps can attain each basic skill?

4. Who should be the primary source of assistance to people having mental handicaps in their endeavours to attain each basic skill?

## Purpose of the Study

The purpose of this study was to develop a profile of basic skills for people having mental handicaps which (a) are relevant and specific to functioning effectively in adult roles in Alberta society and (b) could help these persons meet their basic needs. Furthermore, the study sought perceptions regarding the likelihood that people with mild, moderate or severe mental handicaps could acquire the skills and who should help them in their endeavours to learn the skills.

## Significance of the Problem

The study had both theoretical and practical significance. In terms of theoretical significance, the study yielded insights into:

(a) the basic skills which people with mental handicaps need to function in adult roles in Alberta society;

(b) which basic skills help to meet basic needs; and

(c) who should assist people with mild, moderate or severe mental handicaps learn basic skills.

With regard to practical considerations, the study resulted in a Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta oriented to helping persons so impaired meet their basic human needs and function in age-appropriate roles in the wider society. The profile could be used by workers in the field to format individualized program plans for the people with mental handicaps whom they assist. The results of the study could also be used as a comparison base. Workers in the field could review how comprehensive their own current program plans are by comparing their skills training programs with the skills outlined in the profile of skills resulting from this research. Furthermore, the profile of skills could also serve as a starting point for more detailed curriculum development.

## Setting of the Study

The study was conducted within the organization of the St. Paul and District Association for the Handicapped, St. Paul, Alberta. This Association has provided services to people with mental handicaps for 28 years and currently offers programs in vocational and residential and support services.

The Vocational Division offers a number of programs. Among them is a sheltered workshop, Habitat Unlimited, which undertakes activities and contracts for services in the areas of wood work and laundry services. Additional programs are a Next-to New Store, which offers donated clothing and household goods for public sale and provides a training and work setting for some people served by the Association; a Job Opportunities Placement Program that locates persons in competitive employment in the open market; a Developmental Activity Program for persons with more severe degrees of mental handicaps, which offers activities related to productive work, and focuses on daily living and personal/social skills; and a Seniors' Day Program, which offers activities for persons with mental handicaps as well as some elderly members of the St. Paul community.

The Residential and Support Services Division operates one children's residence and two adult residences. In addition, an Independent Living Program prepares persons to live on their own in the community and an Apartment Living Program operates to serve the needs of persons who have graduated to independent living. This division also undertakes the co-ordination of recreational activities, such as weekend camp-outs, bowling, special olympics, and other social activities.

The majority of persons served by the St. Paul and District Association are adults, who range from having mild to profound mental handicaps.

## Data Sources

The data sources for this study were staff members of the St. Paul and District Association for the Handicapped, located in St. Paul, Alberta. These persons represented front-line workers in the field associated with persons having mental handicaps. The workers who contributed data to this research were actively involved in delivering vocational, personal/social and daily living skills programs.

An opportunity to present the purpose of this research to the staff of the St. Paul and District Association was provided approximately one month before the study commenced. At this presentation, staff members indicated interest in the study and a willingness to participate. Subsequently, the Executive Director, Mr. Ron Montpetit, of the St. Paul and District Association for the Handicapped granted permission for data to be gathered from Association staff.

## Assumptions

An assumption was that the workers who participated in this study were qualified to provide the data needed to answer the research questions, because they were people recruited to the field providing services to those with mental handicaps. An overall assumption of this study was that a profile of basic skills, which would facilitate meeting basic needs and help the process of integration, could be developed for adults with mental handicaps.

## Delimitations and Limitations

This research was delimited to the time periods during which the study was conducted. The basic human needs addressed and the basic skills identified were representative of societal perceptions common to the late 1980s. The study was also delimited to individuals with mental handicaps (a) known to the participants in the study, and (b) living in the geographic location of St. Paul, Alberta. Nevertheless, generalizations to persons with mental handicaps in other regions in Alberta might be made since (a) the people having mental handicaps known to the participants of the study, although living in St. Paul at the time this study was conducted, come from various locations in Alberta, and (b) the research was founded on basic skills needed by adults living throughout the Province.

The study was limited by the exclusion of consideration regarding the following factors: the probability that skills, once acquired, could be maintained by persons with mental handicaps without continued assistance; the probability that skills could be transferred successfully from one domain to another; the age of the adult who is mentally handicapped; what might be possible given supported living and working programs; and operational definitions of each skill and each basic need area.

With regard to the aspects of persons with mental handicaps maintaining and transferring skills, current literature indicated that individual differences in performing strategy transfer is great (Borkowski, Weyhing, Turner, 1986). Mithaug, Martin, and Agran (1987) discussed the need for programs that produce more self-directed behaviour and teach problem-solving; Das (1985) has explored the need for a training program to improve the ability to transfer skills from one domain to another. Gelzheiser, Shepherd and Wozniak (1986) have also concentrated on this area and developed a model to help people with mental handicaps transfer newly acquired strategies.

A further limitation was that the study was based on the perceptions of the participants. Although this factor should be borne in mind in terms of the entire study, recognition that the research represents perceptions becomes important with regard to the aspect that dealt with the probability that persons with mental handicaps could attain each skill. However, the perceptions of workers in the field regarding the probability that skills could be achieved were gathered and are considered useful because "although exhaustive research has been conducted to find a way to predict potential for success, no definitive measures have yet been found" (Marlett, 1980, p. 14).

## Definition of Terms

### Basic Human Needs:

The Basic Human Needs listing used in this research was developed by the St. Paul and District Association for the Handicapped and comprise the need for:

Acceptance and Value as a Person
Independence and Control Over Own Life
Learning New Skills, Knowledge and Attitudes
Meaningful and Productive Activity (work, etc.)
Physical and Psychological Recreation
Friendships and Loving Relationships
Food, Clothing and Shelter
Moral and Spiritual Development
Health and Safety of Self and Others
Support from the Community and Society
(Collett and Lind-Wilson, 1989, p. 14).

### Adult With A Mental Handicap:

The definition chosen was that of the American Association on Mental Deficiency which said a person with mental retardation has "...subaverage general intellectual functioning existing concurrently with deficits in adaptive behaviour..."

(MacMillan, 1977, p. 38).

Mild, Moderate and Severe Mental Handicap:

Terms used to "...distinguish low, mid and high range difficulty in level of adaptive behaviour, rate of learning, and ability to generalize and transfer learning" (Lindsay, 1983, p. 9). Furthermore, specifications of levels of mental handicaps were referenced by study participants as outlined in Levels of Handicap Prepared 1975 for Services for the Handicapped, Calgary Region (Marlett, N. J., 1975).

Adult Basic Skills:

Skills that adults in Alberta need to function effectively; a listing of the 78 skills used in this study is found in the Alberta Catalogue of Adult Basic Skills Study (Collett, Deane, Kendal and Brooks, 1982).

## Organization of the Thesis

Chapter One outlined the background, justification, purpose and significance of the research and included a description of the assumptions and limitations and delimitations of the study. The statement of the research problem and subproblems addressed in this study were presented. The definitions of terms used in the study were given.

Chapter Two consists of a review of related literature presented in two main segments: (a) historical and (b) a current day overview of the care, treatment and problems of people with mental handicaps. The historical segment is extensive and, for those not familiar with the area, contributes to understanding the problems experienced by persons having mental handicaps over time and includes an overview of the present day scenario for these persons. The current day segment helps to define and explain the nature of present problems encountered in the affiliated field, primarily throughout the North American continent, and by people with mental handicaps. This segment serves as an orientation to the reasons for conducting this research.

Chapter Three describes the research methodology in three sections. Section one outlines the design of the study, which involved a two-level data collection process. Section two outlines the first level of data collection, the questionnaire phases, and includes an explanation by research subproblem of the data needed, the means of obtaining the data, and treatment of the data. Section three presents the second level of data collection, the Review and Assessment Panel [RAP] session, and describes the data needed, the means of obtaining the data, and treatment of the data by research subproblem.

Chapter Four reports the findings of the study in a manner consistent with the two levels of data collection. Section one overviews the findings from the questionnaire phases of the study as presented in a Data Information Package and also discusses the findings by research subproblem. Section two explains how the Review and Assessment Panel [RAP] findings resulted in a Profile of Basic Skills for Adults Living in Alberta chart, the major product of this study, and also discusses the findings by research subproblem.

Chapter Five includes summaries of the findings and related conclusions and implications as well as some recommendations for further research.

The Appendices contain a review of educational programs available for adults with mental handicaps living in the Edmonton region; a copy of the two research questionnaires; and the Data Information Package.

# CHAPTER 2

# REVIEW OF RELATED LITERATURE

The related literature is presented in two sections: Section One - A Historical Perspective and Section Two - A Current Day Perspective.

## Section One - A Historical Perspective

The manner in which society has viewed and reacted to people who are mentally handicapped has vacillated through the centuries between periods of so-called darkness and enlightenment. In the following, a historical sketch of the treatment and care of people with mental handicaps is presented in time periods distinguishing progression and regression.

At any time in history the religious and philosophical concepts along with social, political and economic positions of the day influence the treatment of persons with mental handicaps. Wolfensberger contends that people with mental handicaps have been viewed in at least six different role perceptions throughout time (National Institute on Mental Retardation [NIMR], 1981; Neisworth & Smith, 1978). The six perceptions which Wolfensberger has identified are included throughout the discussion as they accord with historical activities that may have initiated the beliefs. Such perceptions are important, because they are inextricably linked to efforts which are or are not made on behalf of persons with mental handicaps.

### Antiquity to the 18th Century - A Period of Neglect, Myth, Cruelty and Momentary Charity

Documentation of the treatment of people with mental handicaps is sketchy prior to the 18th and 19th centuries (Cegelka & Prehm, 1982; Kanner, 1974; NIMR, 1981). Historians tended to agree, however, that ancient societies misunderstood mental retardation, along with many other human disorders, and for the most part either rejected or deserted disabled people. One viewpoint, rooted in a magical/religious orientation, suggested that early man thought anyone who was different, be it as a result of disease or deviant behaviour, was possessed by evil spirits (Krishef, 1983). Based on this, such persons were abandoned out of fears that the evil spirits may attack the more fortunate of the group and imbue them with similar afflictions.

From a socioeconomic point of view, some historians emphasized the premium that people of antiquity placed on survival skills. If members of their community could not fend for themselves or were in any way a burden, they were banished and left to die (Jenkinson, 1984).

Historians who viewed philosophical and political stances of the day as a cause for the ostracization of people who deviated physically or mentally from normal often related their viewpoints to activities of the ancient Spartans and Romans. These people revered mental and physical fitness for the "glory of the State" (Krishef, 1983, p. 17) and believed that the weak should be eliminated. Records support that the Spartans and Romans for the most part deliberately neglected and exposed severely defective people to the elements to die. The values and attitudes of the prevailing rulers and societies throughout the 13 centuries of the Roman Empire fluctuated in the approaches to people who were mentally handicapped or ill. Some records suggested that killing deviant people was not always tolerated. In the first century A.D., for example, provision was made for unwanted infants to be cared for by the state (Cegelka & Prehm, 1982), but whether this included those with mental handicaps was not clear; and in the second century, records indicated that asylum-type buildings were established to house persons with "affected heads", but the conditions and treatment were miserable and inhumane (Cegelka & Prehm).

Two historical role perceptions of people with mental handicaps developed very early in time and even to this day have not entirely dissipated: (a) that people who are retarded are seen as "subhuman organisms, possessing less than full humanity and rights" (NIMR, 1981, p. 2; Neisworth & Smith, 1978, p. 7) and (b) persons with mental handicaps are seen as "a menace to society, to normal people and themselves" (NIMR, p. 2; Neisworth & Smith, p 7).

Egyptians are credited as being among the first of ancient people to consider caring for their sick using "healing temples" (Krishef, 1983, p. 17). Later, with the early Christian era, a more charitable but not necessarily genuinely humane approach to persons with mental handicaps developed. During various periods throughout the Middle Ages (c. 600 - c. 1500) a recognition that the less capable needed care resulted in the establishment of refuges offering "protection under God" (Krishef, p. 18). These facilities did not usually provide education or training, but rather addressed physical needs in varying degrees. At this same time, mythical/religious beliefs again emerged, albeit in a more positive manner. This supported a different ideology that perhaps people who were mentally retarded communicated with heaven and their inaudible language held hidden wisdom. Tycho Brahe, the astronomer (1546-1601), is known to have kept an imbecile as his close companion hoping to discover revelations from his confused speech (Kanner, 1974; Krishef; MacMillan, 1982). Persons who were mentally handicapped were allowed to roam freely at this time, if they chose, and also were housed by people because they were "the infants of a good God" (Krishef, p. 28).

Nevertheless, although these attitudes prevailed, persons who were mentally retarded, grouped in the same category along with other disabled or mentally ill people, were still not considered full human beings. They were exploited as objects of display and kept by the wealthy and royal courts as sources of amusement in periods from the second up to the 17th century (Jenkinson, 1984; Kanner, 1974). Philip IV, ruler of Spain in 1621, Montezuma, the Aztec Emperor, and Pope Leo were known to keep people who were mentally handicapped for entertainment (Krishef, 1983). Rome apparently had a market where householders could purchase for their amusement "legless, armless, or three-eyed men, giants, dwarfs, or hermaphrodites" (Cegelka & Prehm, 1982, p. 47). Fool Societies became popular and their members dressed up like court fools so they would not be responsible for their actions or words. In France a feast of fools holiday developed in the 12th century and lasted until at least the 16th century. On this holiday, people were permitted to freely act out their base desires with no subsequent accountability or responsibility (Krishef).

Little agreement exists as to when and where the first asylum to house people with mental handicaps was established (Evans, 1983). Some historians believe the first was the Hospital dels Folls, founded in 1409 by Bernardo Andreau in Valencia; others claim the first sanctuary, Bicetre, was that established in Paris by Vincent de Paul in 1632. On the other hand, a typical institution of the Middle Ages of which there are accounts is the Hospital of St. Mary of Bethlehem in London, established in 1247 and converted in 1377 to a mental asylum; conditions there were atrocious soon earning its nickname of Bedlam (Cegelka & Prehm, 1982). Bicetre was an institution for all manner of ill, afflicted, poor and even criminal persons, and this in time led from the facility being a sanctuary to being more a place of confinement (Evans). Vincent de Paul is credited with taking charge of idiots and attempting to teach them (Cegelka & Prehm).

Also, accounts of exemplary models of care and humanity exist such as the Mansur Hospital in Cairo built in the early Middle Ages and a family-care approach for people who were mentally handicapped practiced by the citizens of Gheel in Belgium commencing in the 13th century (Cegelka & Prehm, 1982). Mansur, which was well-staffed, equipped with physical comforts, and offered programs for mental stimulation was not replicated in any European or Islamic nation. The Gheel program espoused community integration as we understand it today; people who were mentally ill or handicapped were placed with families, had their own bedrooms and engaged in both family and community life (Cegelka & Prehm). Since its inception and to this day, the Gheel program has continued in one form or another. This model was not adopted in Europe, however, until the 19th century and not in the United States until the 1930s (Cegelka & Prehm).

Treatment during the Middle Ages varied from care, to tolerance, to persecution (Cegelka & Prehm, 1982). Twelfth century Prussia endorsed the confinement of people who were mentally handicapped in jails. Little compassion was evident, for Prussian law stated: "Be a man laden with sick women, children, brothers, sisters, or domestics, or be he sick himself, then let them be where they lie, and we praise him too if he would burn himself or the feeble person" (Cegelka & Prehm, p. 49).

The Renaissance (c. 1350 - c. 1550) with its emphasis on responsibility for one's own actions and behaviours, saw a swing from placing maladaptive persons in refuges or shelters offering care, or more closely perhaps confinement, to placing them in dungeons where they were punished for their deviant behaviour. Hamburg in 1346 contained their mentally retarded in a tower called the "Idiot's Cage" (Cegelka & Prehm, 1982, p. 49); town council of Frankfurt am Main in 1497 insisted that idiots not only be kept by guardians, but confined (Cegelka & Prehm).

With the Reformation, (c. 1500 - c. 1650) religious warfare resulted in the closing of any institutions housing people who were retarded. Although John Calvin also denounced people who were mentally handicapped as possessed by Satan (MacMillan, 1982), Martin Luther was most often quoted in the literature pertaining to this period as regarding people who were mentally handicapped as "merely a mass of flesh" (Krishef, 1983, p. 19) possessing no soul. His contention was "For it is in the Devil's power that he corrupts people who have reason and souls when he possesses them. The Devil sits in such changelings where their soul should have been!" (Kanner, 1974, p. 7) The myths of antiquity along with its inhumanity had returned, following a brief time of charity.

Three other historical role perceptions associated with people who are mentally handicapped emerged: (a) that such persons are seen as "holy innocents, or eternal children...as saints serving a divine purpose in life or as eternal children, who never grow up" (NIMR, 1981, p. 3); (b) that disabled persons are "burdens of charity" (NIMR, p. 3); and (c) they are "objects of pity, suffering from some condition for which they should not be held responsible or accountable" (NIMR, p. 3).

The period up to the 1700s shows few accounts of medical or educational endeavour on behalf of people who were mentally retarded. The constructive efforts of Vincent de Paul, Mansur Hospital and Gheel have been noted. Other early precursors who showed an interest in understanding persons with mental handicaps were Sir Anthony Fitz-Herbert, who attempted a definition (using the terminology of the day) of "idiot" in 1534. No follow-up efforts were undertaken until 1690 when John Locke "tried to distinguish between those who were 'idiots' and those who were 'insane'" (Krishef, 1983, p. 20); a distinction which hitherto had not been conceived. More importantly, the concepts advanced by Locke contributed to the first significant movement to educate people with mental handicaps. His premises were that: "Human beings are not born with innate ideas; learning occurs by means of the senses and reflective thinking; and the experimental method, accompanied by either deductive or inductive reasoning, is critical to the validation of opinion and speculation" (Cegelka & Prehm, 1982, p. 52).

In summary, the period from antiquity to the 1700s was "characterized by neglect, superstition, harsh and cruel treatment. Little systematic attention [was] given to retarded people. Occasional, infrequent attempts [were evident] at providing care" (MacMillan, 1982, p. 14).

## 1700 - 1850 - The Initial Period of Humanity; Inquiry; and Treatment

The educational concepts developed by persons such as Locke, noted above, Rousseau, and Pestalozzi helped to lay the foundation for progressive attempts at helping persons who were mentally handicapped. Rousseau (1712 - 1778) advanced similar notions to Locke emphasizing that the human mind could be developed through instruction (Cegelka & Prehm, 1982). Pestalozzi espoused the potential for development in all children to become worthwhile human beings and that education should be based on humane treatment and the readiness of the individual to learn.

The earliest affiliated and catalytic educational effort was undertaken by Jacob Rodrigues Pereire (1715-1780). Although he had no direct involvement with persons who were mentally deficient, he worked actively and successfully with congenital deafmutes. By 1747, Pereire had taught deafmutes how to communicate with others using a simplified sign language and an arithmetical machine he invented which was used for calculations. The fact that persons who had previously been thought ineducable and somewhat hopeless could learn, opened the doors for others to attempt educating people with mental handicaps (Kanner, 1974; Krishef, 1983; NIMR, 1981) Physicians seeking a cure for the condition of mental deficiency then undertook a number of educational/health care activities.

Jean Marc Gaspard Itard (1774-1838), a physician-educator, was encouraged by Pereire's successes and embarked upon the training of Victor, a feeble-minded, feral child found in forests near Aveyron, France in 1798 (Evans, 1983; Jenkinson, 1984; Kanner, 1974; NIMR, 1981). Itard worked five years with Victor, later commonly referred to as "The Wild Boy of Aveyron", the title of Itard's documentation of his training and treatment process. Itard's aim was to cure Victor of "idiocy" and awaken him through education. Itard succeeded in helping Victor to:

> recognize objects, identify the letters of the alphabet, comprehend the meaning of many words, apply names to objects and parts of objects, make 'relatively fine' sensory discrimination...and bring Victor to prefer the social life of civilization to an isolated existence in the wild. (Evans, p. 38)

Upon reaching puberty, Victor apparently "broke out in a wild storm of passion" (Kanner, p. 38), the characteristics of which were not detailed in the literature, and Itard forsook trying to cure him. Victor was placed in custodial care with a family. Itard felt he had failed in his experiment because he had not cured Victor. However, the French Academy of Science hailed his achievements in helping a person with mental handicaps acquire new skills and behaviours. This was an accomplishment which spurred the beginning of new attitudes toward persons with mental deficiencies.

The next prominent figure in educational pursuits for persons with mental handicaps is Johann Jacob Guggenbuhl, born in 1816 in Switzerland. He was moved by the sight of a "dwarfed, crippled cretin of stupid appearance" (Kanner, 1974, p. 17; Krishef, 1983, p. 23; MacMillan, 1982, p. 21; NIMR, 1981, p. 4) reciting the Lord's Prayer by a wayside cross. He followed the youngster home and learned from his Mother that she had taught the boy the Lord's Prayer at an early age. Guggenbuhl wondered if the boy would have been able to learn more at an early age had appropriate training programs been offered.

Inspired, Guggenbuhl set about the establishment of a centre for the training and health care of persons with mental handicaps, located high in the Swiss mountains to achieve optimal conditions of health. In addition to enrolling people with mental handicaps, Guggenbuhl also accepted a few children of normal intelligence to bring life to his centre. His work was recognized in its day as a major reform and his Abendberg centre soon became the destination of many interested physicians, writers and philanthropists from many lands (NIMR, 1981). Guggenbuhl was invited to speak on many occasions abroad and received numerous awards for his work. Possibly due to his absences from the centre, Abendberg fell into disrepair, was mismanaged and residents were not always cared for in expected fashion. Criticism of Guggenbuhl gradually surfaced as visitors observed poor conditions and questioned the credibility of his work, sometimes accusing him of using the normal children as examples of his successes in treating those with mental handicaps. A government inspection of the centre in about 1858 resulted in a devastating report. The Swiss Association of National Sciences cancelled its sponsorship and Abendberg closed (MacMillan, 1981). Some historians credit Guggenbuhl with the initiation of institutional care, which combined education and medicine, for persons with mental handicaps (Kanner, 1974). Furthermore, the spread of institutional care throughout Europe and in the United States based on the Abendberg concept is notable: institutions were established "in Germany, Austria, Great Britain, the Netherlands, the Scandinavian countries, the United States of America, and elsewhere" (Kanner, p. 26).

Edouard Onesimus Seguin, a French medical student of Itard, began his work in the special education of persons with mental deficiencies in the same year Guggenbuhl established Abendberg. He worked with an "idiot" boy for 18 months and at the end of the training period his pupil "was able to make better use of his senses, could remember and compare, speak, write, count" (NIMR, 1981, p. 5). Seguin continued to treat more children, and in 1844, the Paris Academy of Science cited he had "solved the problem of 'idiot education'" (NIMR, p. 5). In 1852, Seguin was the leader of Bicetre, where he created what was known as the Physiological Method for training people with mental handicaps. He concentrated first on the education of the senses, then that of abstract thought (Evans, 1983). Seguin is often acknowledged as the founder of special education. With the advent of political strife in France, Seguin emigrated to the United States, where he commenced work with another contributor in the field of mental retardation, Dr. Samuel Howe, who will be discussed in the next chronological period.

The last of the historical role perceptions of people who are mentally handicapped resulted: that they are considered "developing persons. This expresses an optimistic and positive view of handicapped individuals. Even the most severely handicapped people are seen as possessing potential for growth, development, and learning" (NIMR, 1981, p. 3).

In summary, the period from 1700 to 1850 was dominated on the European continent:

> with an optimistic view regarding the malleability of intelligence and the importance of assuring equality of people, freedom of thought, and democratic forms of government. [There was] focus on improvement of the situation of retarded persons with the hope that they could achieve normal functioning and

> integration into society. Generally small treatment programs located in community settings [prevailed]. (MacMillan, 1982, p. 14)

Although advancement in the treatment and care of persons with mental handicaps occurred during the 18th and first half of the 19th century on the European continent, the United States made little progress from conditions common in Europe prior to the 1700s. The approach to people with mental handicaps in the United States during this period reflected 17th century European attitudes, since those persons coming to colonial America had brought with them the biases prevalent at the time. In the early 1700s, people who were mentally handicapped were either banished or confined for they were considered dangerous to society (Krishef, 1983). By the 1770s a hospital was established for people who were mentally handicapped or ill in Virginia to confine and provide "...for these miserable objects who cannot help themselves" (Cegelka and Prehm, 1982, p. 54). Little had changed regarding the treatment of persons with mental handicaps in the early part of the 1800s. Confinement, along with other sick or insane people, was the usual response afforded those who were mentally handicapped. The conditions in the institutions that existed primarily evidenced neglect and inhumanity. Come the middle of the 19th century, the situation changed rapidly once challenged by social reformers.

## 1850 - 1950 - A Period of Flux and Regression of Attitudes

This period began on a most positive note and ended in a most negative.

The achievements of Itard, Guggenbuhl and Seguin resulted in a growing interest in the early part of this period that persons with mental handicaps could benefit from specialized training and possibly assume a rightful place in the outside world. The first special education program implemented within an existing public school system was founded in Halle, Germany, in 1859 (Cegelka & Prehm, 1982). Despite some opposition to the movement, the idea was carried out and spread to other European countries: "Norway, 1874; Switzerland, 1888; Prussia, 1892; Austria, 1895; and England, 1898. Denmark, Holland, and Belgium all started special education programs in 1900, joined by Sweden in 1904" (Cegelka & Prehm, p. 53) and Italy shortly after 1900. France set up its first special education program in 1909.

The focus of historical review will now turn to the North American continent, for it was during this period that activities on behalf of people with mental handicaps began on a notable scale in the United States and Canada.

Dr. Samuel Howe, as noted earlier, was instrumental in Seguin moving to the United States and the two teamed up on a number of projects. Howe was an advocate of persons who were disabled or, for a variety of reasons, unfortunate. Similar to Pereire, Howe's initial work was with deafmutes, and also the blind. In 1832 he commenced work with a few blind children and soon thereafter was given the opportunity to establish what is known as the Perkins Institute for the Blind in Boston. His work with people who could neither see nor hear won him international acclaim. In 1839 he made progress with three students who were not only blind, but also "idiotic", and he inferred "if so much could be done for idiots who were blind, still more could be done for idiots who were not blind"

(Kanner, 1974, p. 40).

In 1846, Howe chaired a government-endorsed investigation to determine the numbers of persons with mental handicaps in the Commonwealth and ascertain what could be done for them (Kanner, 1974; Krishef, 1983). The result was the legislature awarded financial support for a three-year experimental program located at the Perkins Institute for the training of persons with mental handicaps. With Seguin as a consultant, Howe's program proved effective and was provided permanent government financial support as the "Massachusetts School of Idiotic and Feeble-Minded Youths" (Evans, 1983, p. 40; NIMR, 1981, p. 7). Seguin and Howe worked together on establishing institutions in Pennsylvania, Ohio, Connecticut, and New York (Krishef).

By 1875, the United States had 25 state-schools oriented to the mentally handicapped, which served approximately 15,000 persons. Students were provided with training, based on their ability, in either the "school proper, the industrial section, or in the asylum" (NIMR, 1981, p. 7). Canada's first hospital training school for people with mental handicaps was opened in Orilla in 1876, although some provision had been made practically 20 years earlier for forms of institutional care. The "Orilla Hospital for Idiots and Imbeciles", over 75 years of operation, became the largest institution in Canada, capable of housing 2,400 patients (NIMR).

Special education and residential care for people with mental handicaps gained much impetus in the United States due to the work of Howe and Seguin. Another individual credited with pioneering special education is Hervey B. Wilbur. Little is given in the literature about

Wilbur, except that he was a strong public advocate of people with mental handicaps and a founding member of the American Association on Mental Deficiency in 1876. One of Wilbur's most commonly quoted statements indicated that the prevalent attitude of his day, within circles supportive of special programs for persons with mental handicaps, was very close to present thinking. The essence of his statement, made in 1852, was that persons with mental handicaps should be given every opportunity to develop their own potential and join the mainstream of society to the best of their ability (Cegelka & Prehm, 1982; NIMR, 1981).

Seguin summed up the effects of special education by the 1870s as follows:

> Idiots have been improved, educated and even cured. Not one in one thousand has been entirely refractory to treatment, not one in one thousand who has not been made more happy and healthy. More than thirty percent have been taught to conform to moral and social laws and rendered capable of order, of good feeling and of working like a third of a man. More than forty percent have become capable of ordinary transactions of life under friendly controls, of understanding moral and social abstractions, or working like two-thirds of a man; and twenty-five to thirty percent have come nearer and nearer the standard of manhood until some of them will defy the scrutiny of good judges, when compared with ordinary young men and women. (NIMR, p. 8)

Nevertheless, some opposition to the special education movement did continue from its inception and throughout its approximate 30-year implementation period. A negative public attitude toward people with mental handicaps had continued from the prejudices held at the turn of the century. A critic of Howe's 1846 report remarked, "The doctor's report is one for idiots as well as one concerning them" (Kanner, 1974, p. 42). Some newspapers called the new special education program, "The Fool Class" (Evans, 1983, p. 42), and one publication showed Howe in a cartoon "as tilting at windmills" (Evans, p. 42). Although Howe's institutional programs, and others of the day, began with an emphasis on education for people with mental handicaps, problems arose as students reached the established upper age limit for education. Many had nowhere to go, and the administrators of the institutions took action to retain their residents through adulthood. This ongoing institutionalization was supported by some of the negative public opinion which held that people with mental handicaps should be kept away from society (Cegelka & Prehm, 1982). Other problems stemmed from a misunderstanding of what the specialized training programs could achieve. Many people expected fairly quick and complete "cures" for the students enrolled in the special education classes. When, in some cases, no progress or lesser accomplishments than were anticipated resulted, the hope that people with mental handicaps could develop was greatly hindered (NIMR, 1981). Some segments of the population resisted special education because it cost more and produced less in comparison to regular education classes (Evans, 1983). A scepticism concerning the validity of efforts to educate "imbeciles" grew. Later, some people feared that "illicit procreation might result" (Evans, p. 42) from retarded boys and girls attending class together.

Around 1870 - 1880, attitudes toward people with mental handicaps changed from one of positive hope for their development to one of pity and the idea that they should be given protective lifetime care in a residential institution (NIMR, 1981). At first the emphasis on training remained, and special classes did continue through to the 1930s (Evans, 1983). However, the trend toward permanent admission to an institution "to spare them the stresses of normal life" (NIMR, 1981, p. 9) soon resulted in "schools" being renamed "asylums". Although charity was the initial motive put forward for institutionalizing persons with mental handicaps, the result was that large numbers of such people were soon congregated in expanding institutions and were segregated from the rest of society. The studies which began to appear around 1880 and through the turn of the century, brought yet another blow to people who were mentally handicapped--commonly called the "Eugenics Scare".

Francis Galton, who was Charles Darwin's cousin, presented in 1883 the concept of "eugenics" as a science concerned with factors that improve the qualities of a race (Evans, 1983; Kanner, 1974; Krishef, 1983; MacMillan, 1982; NIMR, 1981). The desire to learn how characteristics of the human race could be enhanced, even perfected, soon changed to identifying what caused negative influences. A series of genealogical studies were undertaken, which "seemed to support the hereditary hypothesis as a cause of mental retardation and to demonstrate that mentally retarded persons were degenerate and immoral by nature" (Cegelka & Prehm, 1982, p. 58). The studies included: 1877, Richard Dugdale's book about a degenerate family, "The Jukes"; 1905, Swiss psychiatrist Jorger's account of a family he called "Zeros"; and 1912, Goddard's book on the "Kallikak" family experiences. Conclusions from these studies generated the following convictions:

> In 1911, Charles B. Davenport declared categorically: 'Two mentally defective parents will produce only mentally defective offspring. This is the first law of inheritance of mental ability...The second law of heredity of mentality is that, aside from 'mongolians,' probably no imbecile is born except of parents who, if not mentally defective themselves, both carry mental defect in their germ plasm...In view of the certainty that all of the children of two feebleminded parents will be defective, how great is the folly, yes, the crime, of letting two such persons marry!' (Kanner, 1974, p. 130)
>
> Goddard concluded: 'Feeblemindedness is hereditary and transmitted as surely as any other character. We cannot successfully cope with these conditions until we recognize feeblemindedness and its hereditary nature, recognize it early, and take care of it. In considering the question of care, segregation through colonization seems in the present state of our knowledge to be the ideal and perfectly satisfactory method.' (Kanner, p. 130)

These beliefs led to significant social reaction; a fear that the previous periods of charity had possibly favoured multiplication of feebleminded persons and a repercussion that something had to be done to prevent the further degeneration of the human race. The resolutions were segregation and sterilization. Commencing in 1907 and by 1926, 23 states in the United States had passed sterilization laws; in 1928, Alberta enforced "a eugenic sterilization law" (Kanner, 1974, p. 136).

With such public attitudes toward persons with mental handicaps, their treatment suffered a serious setback. For example, in 1916, the Prime Minister of Canada along with other government members received the following petition signed by thousands of Canadians:

> We, the undersigned citizens of Canada, realizing the great menace that the feeble-minded are to the moral and social life of our communities, and to our public institutions, including the public schools, would respectfully urge upon your consideration the necessity for the establishment of farm colonies, containing buildings on the cottage plan, for the care and control of the mentally defective in our country, and we would urge the appointment of a Dominion Commission to study and report upon the provision needed for the country at large to control this menace, and we would even support direct taxation to secure adequate provision for these unfortunates. (NIMR, 1981, pp. 12-13)

Although a dehumanization of persons with mental handicaps remained practically static until 1950, some constructive programs and efforts did continue to exist. Special education classes in public school systems were maintained in most large cities and expanded in the early years of the 20th century. Persons such as Elizabeth Farrell demonstrated that mildly handicapped persons did benefit from programs designed to meet their needs; institutional Administrators such as Bernstein and Fernald encouraged smaller group homes or smaller colony-type residences in environments which offered a more normal life than that possible in large institutions. Fernald, along with such persons as Clifford Beers, also developed outpatient clinics for evaluation and consultation (Cegelka & Prehm, 1982; Kanner, 1974).

The Depression years and World War II granted little opportunity for the awakening of public conscience regarding the state of affairs of handicapped people. The "menace" ideology did continue and institutions grew to house thousands upon thousands of people with mental handicaps, usually under poor physical and social conditions.

Evans (1983) suggested that the adversity and controversy during the first half of the 20th century did serve to bring the problems associated with mental retardation into full public view on a significant scale. Also, during the Second World War people were horrified with Hitler's use of the "eugenic philosophy." Social Darwinism began to decline.

Evans (1983) also presented the following five historical occurrences: (a) in the late 40s, the public became increasingly aware of genetic research which indicated that factors of mental retardation were complex and not always inherited; (b) in those institutions that were still educationally oriented, there were marked successful accomplishments; (c) following the war, greater tolerance developed toward milder forms of deviancy; (d) postwar prosperity opened the job market, persons with milder forms of mental handicaps acquired jobs in their community, and this contact reduced the fear of persons with mental handicaps that society had beforehand harboured; and (e) the postwar baby boom resulted in a corresponding rise in the birth of more persons with mental handicaps, often to people who were well-educated and newly affluent. Rather than closeting these people as in the past, parents felt more comfortable with the situation and did start to unite in advocacy movements for the care and treatment of their children. These factors lent impetus to the progress which would occur in the next historical period.

In summary, White and Wolfensberger suggested three phases in the treatment of persons with mental handicaps during this period: between 1850 - 1880 attempts were made to "make the deviant undeviant"; 1870 - 1890 saw concern to "shelter the deviant from society"; and 1880 - 1900, reminiscent of earlier periods, witnessed a regression in social attitudes to the "protection of society from the deviant", which carried on to an extent in the first half of the 20th century (Krishef, 1983, p. 25).

### 1950 - Present - Humanism Revisited

During this period, a revival of humanism was evident and a trend toward the return of persons with mental handicaps to the community emerged.

In the 1950s parent movements and the organization of associations working on behalf of people with mental handicaps grew. Primarily parents, more at ease at admitting and accepting mental handicap, no longer wanted to place their children in distant and overcrowded institutions. With no local services available, associations and parents joined forces to establish their own community resources and facilities of a nature similar to those available for non-handicapped children. Usually a school was organized first, because children with mental handicaps were excluded from the programs in the public school systems. The National Institute on Mental Retardation (1981) reported that such schools "proliferated across North America, operated by associations in private homes, church basements, vacant buildings and newly built schools. This trend continued until the 1960s and early '70s when most school boards in Canada increasingly recognized their responsibility..." (p. 18) Later these associations expanded their programming to serve the needs of pre-school children and adults. Sheltered workshops, activity centres and community-based residences, or group homes, developed. The provincial governments responded with financial support and the creation of services such as vocational training programs (NIMR). Educational programs available today for adults in the Edmonton region are outlined in Appendix A to provide a sensing of types of services which have developed.

In the 1960s, the support which President John F. Kennedy gave to considering an American national plan regarding the problems of people with mental handicaps resulted in great strides. For example, from an economic point of view, in 1955 the Federal Government allocated $16 million to assist people who were mentally handicapped and in 1973 spent nearly a billion dollars (Krishef, 1983). During this time, efforts were extended to reassess and develop approaches in "aspects of health, education, employment and social services" (Sellin, 1979, p. 26).

The '60s were also the time of "human rights" movements around the world. Many people who had before been oppressed and not granted privileges and rights along with others found advocates on their behalf. With the passage of the United Nations Declaration on the Rights of Mentally Retarded Persons in 1971 and the gradual shift of attitudes toward people with mental handicaps, ideologies related to deinstitutionalization, thus integration of persons with mental handicaps into the larger society, and normalization generated much interest. The concepts go hand in hand: both deinstitutionalization and normalization aim at providing opportunities for people with mental handicaps to achieve greater independence and enjoy a higher quality of life (Novak & Heal, 1980). These trends are not entirely new; their essence can be found in the past. In the Middle Ages the Gheel program was built on similar premises; a century and a half ago, activities to integrate, educate and provide as normal environments as could be conceived for people with mental handicaps were developing.

Nevertheless, the present-day concept of normalization was first developed in the 60s "in the Scandinavian countries and formulated to provide handicapped persons with the same rights and benefits of all citizens" (Novak & Heal, 1980, p. 4) Wolfensberger stated in 1970 that "normalization means that deviant persons should be exposed to experiences that are likely to elicit or maintain normative (accepted) behaviour." (Novak & Heal, p. 4) In 1972, Wolfensberger defined the principle as "the utilization of means which are as culturally normative as possible in order to establish and/or maintain personal behaviours which are as culturally normative as possible" (Evans, 1983, p. 48). The concept evolved, and was refined over the years to include an intent to "normalize both environments and people" (Novak & Heal, p. x). As was noted in Chapter One, the current term for normalization is social role valorization. Today, the principle is still unfolding as experience with its implementation under a number of strategies is gained. Jenkinson (1984) counseled, however, that we must "...be careful not to be carried away by our enthusiasm for normalization. The one thing we have learned with any certainty about mental retardation is that there is no cure for it" (p. 3). Evans has remarked about his experience with the concept of normalization, "it did not always make a big difference for good or for ill, but where it worked, it was good" (p. 53). Words of wisdom. What the concept can achieve how, when, where and for whom must be placed in a realistic perspective.

Despite the growth of community-based programs which commenced in the 1950s, the institutional movement remained dominant from the 1920s to the 1980s (NIMR, 1981). Novak and Heal (1980) suggested that the concept of deinstitutionalization is interpreted by most people as the removal of persons with mental handicaps from institutions to their own homes or replacement homes. These same authors continued to explain that to the professionals involved in the field working with people who are mentally handicapped, the concept means that people can be returned to the community as alternative modes of care are available and as persons are capable of functioning in the residential settings. The process will be gradual as community-based residences and resources are developed; as persons acquire the skills to live in an independent or semi-independent manner; and, in reality, as long as funding is available for such specialized treatment. Some believe not all persons with mental handicaps will be able to leave institutional life. Part of the deinstitutional- ization process, then, would also have to include the improvement of facilities so the needs of those who are residents are better met (Novak & Heal). In 1975, Wolfensberger stated:

> I propose that essentially, many of our institutions, to this

> very day, operate in the spirit of 1925 when inexpensive segregation of a scarcely human retardate was seen as the only feasible alternative to combat a social menace. I am proposing that most institutions function as if this view were still held. (NIMR, p. 14)

As recently as 1971, in an Ontario report, Walter B. Williston said:

> I recommend that the large hospital institutions for mentally retarded persons be phased down as quickly as is feasible. ...Lastly I suggest that a century of failure and inhumanity in the large multi-purpose residential hospitals for retarded persons should in itself be enough to warn of the inherent weaknesses in the system and inspire us to look for some better solution. (NIMR, p. 17)

From 1950 to present day, much progress has been made in the treatment of persons with mental handicaps and possibly one of the greatest changes in societal views has occurred. Deinstitutionalization and normalization, rooted in human rights ideologies, are the trends which direct current treatment endeavour. These models remain somewhat experimental and the implications related to persons with mental handicaps living in the wider society are now being identified.

Examples throughout history have shown that when the possible outcomes of programming efforts on behalf of people with mental handicaps were misunderstood or when expectations were unrealistic or not achievable, perceptions of failure on the part of professionals were experienced; societal attitudes were adversely affected; and people with mental handicaps underwent harsh and even cruel treatment. As evidenced by the remarks of Jenkinson and Evans above regarding normalization, program regimens are progressing constructively but are accompanied with a respect for the possible proportionate power that the underlying concepts can lend to bettering life for people with mental handicaps. Perhaps, with the improved understanding and knowledge of mental handicap that we have today, society will not again retrogress in perceptions nor treatment of people who have mental handicaps. For so often, and indeed for those with mental handicaps, the perception of others creates a reality. Some of the historical role perceptions associated with persons who are mentally handicapped, as outlined by Wolfensberger, have been difficult to erase even to this day. Also, even if programs progress cautiously and social attitudes continue to be positively strengthened, possibly attention should be given to how far and for how long financial resources can be stretched and maintained so the kind of care envisioned today is not stilted in the future.

The period from 1950 to the present was characterized by a "growing emphasis on the rights of individuals, along with development of treatment ideologies that de-emphasize effects of labelling and provide treatment through generic services and alternative service models in settings that minimize the separateness of retarded from nonhandicapped persons" (MacMillan, 1982, p. 15).

### Summary

An account of the treatment over time, of persons with mental handicaps must be viewed from a combination of perspectives: philosophical, sociological, medical and educational. The intended thrust in Section One of the related literature review was on the development of educational programs for people with mental handicaps. However, because education exists as a reflection of the needs and attitudes found within its intermural society of the day, an emphasis on societal attitudes was included in the discussion. Some linkages with the philosophical and medical perspectives were incorporated when deemed relevant to an overall understanding of the treatment and education of persons with mental handicaps.

Philosophers posit that in general, mankind has tended to move in endeavours to understand mysterious phenomena in their environment by finding explanations sequentially in magical, mythical, religious and finally scientific bases. Beliefs regarding why mental disabilities occur are found historically in all four arenas.

Sociologists focus on the nature of human relationships and symbiotic group networks, and perhaps the more painful records of the treatment of people with mental handicaps are found historically and presently in this stratum. Societies have cultural expectations, and needs which must be fulfilled to maintain their ongoing comprehensive operation. Restricted ability to adapt to the norms of the day and make contributions to the welfare and progress of their community and their own independence have been and are usually a source of frustration for persons with mental handicaps.

The medical field strives for ways to alleviate or cure human disorders, and for a time it was believed that a cure for persons with low mental functioning could be found; here, perceived failures actually contributed to progress in how best to help those with mental disabilities, for while physicians were searching for cures, they provided and developed training regimens. Today, medicine focuses on understanding mental handicaps and how to prevent its occurrence.

Through educational pursuits, opportunities are created to learn skills, knowledge and attitudes useful in everyday life. In the past and today, training programs which are unique to the learning styles and capabilities of people with mental handicaps appear to be one prime resolution in helping them achieve a meaningful place as participating members of society.

## Section Two - A Current Day Perspective

Negative and positive stages in meeting the needs and shaping the role perceptions of people with mental handicaps have occurred throughout all of history, not along a smooth continuum, but rather in a fluctuating, staccato fashion. The attitudes of society regarding people so impaired impact directly on the extent to which their needs are recognized, their roles defined and whether constructive activities are undertaken on their behalf.

When negative societal perceptions prevailed, persons with mental handicaps were for the most part rejected, excluded, or distanced from society. During such times, perhaps at best their basic physiological needs were addressed, however often upon the most meagre grounds, and life roles which could be equated with those of nondeficient persons of the time were incomprehensible.

When positive societal concepts of people having mental handicaps predominated, these persons were at a minimum tolerated and at a maximum included as participating members of a wider society. During these times, a more humanistic and comprehensive attention is devoted to their overall physiological and psychological needs and the roles they can undertake in society. The last two to three decades are exemplary of an increasingly positive period in the lives of persons having mental handicaps.

Our society today is concerned with human rights for all people. As part of this movement, the principle that those who are mentally handicapped should be given equal opportunities with all others to develop their potential and have a quality of life built upon experiences which are ability and age-appropriate is unfolding. But, challenges arise in the maturation process of converting a principle into reality. Achieving such ends as the equality principle espouses requires underlying philosophies to direct professional action. Two related and major ideological reforms which gained acceptance over the last two to three decades are normalization and integration of persons having handicaps into the broader society within which they live.

Normalization is based on the philosophy that persons with mental handicaps should be exposed to culturally normative environments and that corresponding means should be used to facilitate their growth in normative behaviour. Alternatively stated, persons with mental handicaps are people first and mentally handicapped second and as people should share in "...the normal rhythms and routines of the human life cycle..." (NIMR, 1981, p. 52). Today's philosophy includes their assuming valued roles in society, thus the new term, social role valorization.

Integration is a concept closely connected with achieving normalization and its aim, under a variety of strategies and settings, is to make provision for people with mental handicaps to live and participate in regular community interactions and affairs to lead as full and normal a life as possible alongside all other citizens. This is a significant change from life in the segregated and institutional settings of the recent past and has called for adjustments on the part of people with and without mental handicaps.

## Challenges Facing Those Concerned About People With Mental Handicaps

Persons in the field serving those with mental handicaps have been challenged to take the theories relating to normalization and integration into practice. First, they faced some resistance to change. Convincing political, social and in some cases familial circles of the merits of integrating citizens having mental handicaps into society presented obstacles. Second, people in the field needed to grapple with the formulation of practical applications connected with normalization and integration. Determining what and how habilitation programs should and could be implemented under the auspices of the new theories was and is still undergoing interpretation and definition. Some perspectives relating to these two areas are reviewed in the following.

Resistance to change. Introducing reforms is never without trials. Brady and Gunter (1985) representing those in the field said:

> It is unfortunate that social and physical segregation has become the standard to be challenged. Educators have had to argue why handicapped students should be educated in neighbourhood schools. Rehabilitation personnel have had to argue why others should be given access to work. Agency planners have had to argue why people with disabilities should be allowed to live in typical, neighbourhood communities. Too seldom have we questioned why any persons should be removed from the mainstream of society, solely on the basis of his/her impairment. In short, segregation has been the rule; integration has been the exception.
>
> Unfortunately, a difficult task has been made more difficult by the necessity to promote the re-entry of many people back into society. (p. x)

Resistance to integration was found in many arenas. Novak (Novak

& Heal, 1980) discussed a backlash to the concept of integration, based on research findings, in four areas: relocation reactions; parent counterreactions; "dumping"; and increasing readmissions. Brief summaries of each area follow. With regard to relocation reactions, among the factors Novak commented upon were that for anyone major changes in lifestyle results in a transition shock and difficulties adjusting to new settings. People with mental handicaps who have been moved from familiar surroundings, in this case usually from an institution, to a new setting in the community frequently experienced stress, depression, a sense of loss and longing for loved ones left behind, patterns of lower overall functioning, confusion, anxiety in coping with new environments, and decreased physical and mental health, self care, and social capabilities. Relating to parent counterreactions, Novak addressed some parental concerns regarding integration on the bases of the generally limited available services in the community to meet the needs of their children, regardless of age; concerns regarding the loss of facility support that offered experts' care for their children; concern over their own inability as they became older to contribute to the care for their children at home or in a community setting, whereas institutionalization had ensured continuity of such care would be maintained; and concerns over placing their children in community life with its potential risks, stresses and possible rejection. "Dumping" was of concern to the public, professionals and parents alike because the deinstitutionalization movement "resulted in thousands of unprepared, untrained, handicapped individuals simply being moved out, as quickly as possible, without any existing support systems" (Novak & Heal, p. 185). Last, relative to increasing readmissions, Novak noted that a "...most potent piece of evidence for charging that the deinstitutionalization movement is failing is the alarming trend of which Conroy (1977) warns: readmissions to institutions are increasing more rapidly than releases. (However, the absolute number of releases is still larger.)" (Novak & Heal, p. 187). Research studies she cited indicated that between 1971 and 1976 the numbers of persons living in public residential facilities dropped from 4.3 percent to 1.36 percent; and the total resident population in such facilities in 1976-77 "was less than it had been in the previous 3 years" (Novak & Heal, p. 187). The situation leading to institutional readmissions may in part be explained by the fact that:

> The pressure to empty institutions is outstripping the pressure to create adequate and sufficient normalizing alternatives, and it is becoming evident that much deinstitutionalization actually consists of interinstitutional relocation, rather than community placement. Individuals are being 'deinstitutionalized,' but not 'integrated' into the community; or, as Galloway (1979) sees it, what is occurring is not de-institutionalization, but rather trans-institutionalization. (Novak & Heal, p. 187)

Furthermore, Novak cited a study by Sigelman and her associates (Sigelman, Bell, Schoenrock, Elias, & Danker-Brown, 1978) which pointed to:

> ...mounting evidence against the quality of small residential facilities. The difficulties and problems encountered by small homes are numerous--low rates of reimbursement for house

> parents, lack of training for client rehabilitation, lack of support services, and lack of increase in clients' community living skills. (Novak & Heal, 1980, p. 187)

More reinstitutionalizations came from group homes and halfway houses than from natural homes or independent living situations. Some community-based residences were criticized for being an approximation of an institution, with no "movement or future direction, dead-ends in themselves" (Novak & Heal, 1980, p. 187). This type of information raises a flag in that the quality of life in the community can and must be monitored. Many of the community-based residences today do offer environments which reflect the normalization and integration philosophies at work.

Cegleka and Prehm (1982) traced other forms of resistance to deinstitutionalization, thus integration:

> Unions, for example, fear losing jobs for their members. Some politicians see the closing of institutions as a serious economic loss to their constituents. Some administrators fear loss of jobs and status. Others anticipate that administering dispersed community programs would be considerably more difficult than operating centralized institutions. (p. 362)

Perhaps the relatively negative reactions to deinstitutionalization reflect normal resistance to change. Not knowing what the deinstitutionalizing experience will actually mean to those who have an investment in the traditional system seems to raise concerns. Similar reactions, to those identified by Novak above, occurred in 1983 when the British Columbia government announced the closure of Tranquille, an institution in Kamloops housing those considered mentally handicapped. (Lord and Hearn, 1987) Although most stakeholders--residents, families and workers--seemed intellectually able to endorse the closing of the institution based on an acceptance of the normalization and integration principles, the effect of the move on their personal lives presented some resistance to the change. Workers were concerned about losing their jobs, family members wondered how their relatives would be cared for, and some residents worried about losing their home. To alleviate some of these problems, the closing of Tranquille seemed to evidence it would be worthy to consider: (a) involving the stakeholders in the changeover planning process; (b) developing a clear and direct communication plan from the entity in charge of the change to the involved parties; and (c) ensuring that acceptable replacements for what would be lost in closing an institution are in place in the community.

Cegelka and Prehm (1982) reported that institutionalization came under attack beginning in the mid-1960s. Burton Blatt's book, Christmas in Purgatory, "presented a candid photographic portrayal of the back wards of five unidentified state institutions in the eastern United States" (Cegelka and Prehm, p. 361) and was one of the early criticisms of institutional life. In the early 1970s research documented detrimental and regressive consequences of institutionalization compared with the benefits of life in community-based settings. The reports of life in institutions are sorry and portray activities that were psychologically dehumanizing and physically abusive. Institutions were often unsanitary and in hazardous physical condition. Deaths resulting from the treatment given in institutions were not uncommon. In the

United States, "as late as 1979, 161 public residential facilities responding to a survey reported 725 instances of 'serious resident physical abuse'" (Cegelka & Prehm, p. 361). Conversely, reports of life in community-based settings when compared with institutions showed "more staff/resident interaction, ...less rigid routines, regimentation, and depersonalization. Evidence was also obtained that even severely handicapped children developed significantly greater skills in small community settings than in institutions" (Cegelka & Prehm, p. 361). One year after the move from the Tranquille institution to community-based living, families spoke of positive behavioural changes and personal growth in their siblings or brothers or sisters. People living in community-based residences were simply perceived to be happier and more comfortable. Staff described "...remarkable changes in 'adaptive behaviour', relaxation and skill development" (Lord & Hearn, 1987, p. 155).

In summary, some controversy seems to have surrounded the introduction of the new reform-based philosophies in the recent past. Some persons advocated change for the betterment of the lives of persons having mental handicaps and others, usually with vested personal interests, resisted the change from institutionalization to integration.

Implementing change. While proponents justified theories related to normalization and integration and fought with increasing success against institutionalization, persons in the field were challenged to define and implement the theory-based changes by devising corresponding program frameworks. In essence, theory was conceived and articulated prior to any strategies to set it in motion were fully developed.

Brady & Gunter (1985) stated: "As service providers, we have been astutely aware that the philosophical bases for integration, while crucial for setting societal and organizational goals, did not provide practitioners with the assistance necessary for carrying out an integration mandate" (p. x). Fredericks (1985) explained that while acceptance to theory mounted, research to show what should be done and how it should be done in relation to applying the new ideologies simply did not exist. He suggested that two trends emerged: "...conceptualizations by educational philosophers" and "...efforts in model building..." which too infrequently met requirements connected with research practices (p. 268). Fredericks (1985) painted part of the picture in the following way; only those "pronouncements" relevant to this study are included in the listing:

> Like prophets we spoke; perhaps hoping, like prophets, that the faithful followers would adapt our pronouncements as truths--yet, we did not have the data. A few of the standard pronouncements which were presented as truths without supportive data were such things as:
>
> -Integration will achieve good results.
> -If some integration is good, more is better.
> -Deinstitutionalization is better than institutionalization.
> -Group homes are the way to go.
> -Activity centers are needed in all communities.
> -Activity centers have become obsolete, and people should be trained in community settings.
>
> We have been deluged with conceptualizations, beliefs, and

> prognostications; now we are in desperate need of research to support, refine, revise the pronouncements, and ultimately come closer to the truth. (p. 268)

In the absence of clear-cut direction and strategic foundations, a number of approaches to normalization and integration emerged. Cegelka & Prehm (1982) suggested that controversial issues are often approached from different vantage points which often reflect personal values. In this case, what is best was interpreted in a number of ways by various people interested in the well-being of those having mental handicaps. These authors provided the following account of values which emerged and exist today as underlying concepts for programming endeavors:

> -Retarded people should be helped to become as much like nonretarded people as possible. In this sense, they should be "normalized" to facilitate their blending in with the rest of society. Professionals operating with this premise become "human managers" fostering within retarded people socially acceptable behaviour to the greatest degree possible.
>
> -The ultimate goal in working with mentally retarded people should be to help them achieve their greatest possible intellectual and social potential. Under this view, extraordinary efforts may be directed at "pushing" handicapped people to improve the level of their social and intellectual functioning.
>
> -Retarded people should be encouraged to reach not some quixotic "maximum" level of functioning but rather their "optimum level" of achievement. This position is based on the

> assumption that most nonhandicapped people function at their optimum rather than their maximum level, and that demanding more from retarded people is inappropriate and unfair.
>
> -The ultimate goal for retarded people should be to make them as happy and content as possible, regardless of their level of intellectual and social achievement. This goal seems consistent with contemporary cultural values that emphasize personal "fulfillment" as the basic goal of education, work, and social relationships.
>
> -Retarded people should achieve the maximum possible level of independence and self-sufficiency. Sometimes these qualities are equated with "maturity." Conversely, it has been argued that striving for "independence" may be undesirable for most people and that a healthier alternative may be mutual interdependency and fruitful relationships with others.
>
> -Economic productivity should be the fundamental goal for handicapped people, so that "tax burdens" can become taxpayers. This approach has appealed to legislators and other decisions makers who are concerned with cost-benefit issues. It can also be argued that retarded persons are more likely to be socially acceptable if they are economically productive. Yet demanding that severely handicapped people exert extraordinary efforts to achieve economic productiveness may be ethically questionable. (Cegelka & Prehm, p. 372)

Basically, then, while many individuals were very ready to serve persons with mental handicaps under the auspices of the new theories, just how to serve them needed and continues to need definition. As a consequence, some trial and error predominated to test the limits of theory; and, some conflict regarding what the goals of the theories were materialized.

Over the years, persons in the field have seen some of the integration and normalization efforts work well for certain individuals, but also have been disenchanted when results of some programs indicated that the endeavours to take the theory into practice appeared inappropriate and unrealistic. As one example, Cegelka & Prehm (1982) described some workers in the field who initially held much positive hope for the training and education of persons with mental handicaps. However, some students did not improve or make gains under the training regimens offered. As a result, these workers sought modifications to treatment which would allow them to "cease providing habilitation programming and to provide instead an 'enriched environment'" (Cegelka & Prehm, p. 368), which the source indicated would actually be little more than custodial care. This endeavour, evidenced in the American Partlow State School court case, led to legal battles; the court saw such modifications as threatening to opportunities which allow persons with mental handicaps to maximize on their abilities and learn to cope with the environment (Cegelka & Prehm). The request to modify treatment programs was overturned.

Many in the field continue to grapple with the power and place of the new philosophies. Concerned individuals are now at a stage where they are carefully considering how far they can successfully take theory into practice. They are also deliberating on the identification of goals, amidst varying personal values, which can be achieved under the auspices of the normalization and integration concepts.

Nevertheless, integration is considered viable because experience with its implementation shows many positive gains. For instance, Cegelka and Prehm (1982) provided a comparison of institutionalization and integration, based on research findings:

> -Institutionalization frequently has had destructive consequences, including developmental delays of all kinds and the fostering of inappropriate and maladaptive behaviour.
>
> -Community-based residential settings generally provide better quality of life and individual development than do institutions.
>
> -Mentally retarded people with a wide variety of handicaps, including those with severe and profound mental retardation, can be successfully housed in community-based settings. Indeed, every degree of handicap served in institutions has also been served in community facilities.
>
> -Technology now exists that has the potential of improving the level of functioning of even profoundly retarded people, and a new technology is being developed at a rapid rate.
>
> -Retarded people, when asked for their opinion, generally prefer living in community settings than in institutions. (p. 364)

The foregoing was an attempt to offer an orientation to the issues and challenges which have accrued within the field as a result of new reform-based philosophies and how they have impacted on the care and treatment of persons with mental handicaps. Clearly, although much has been achieved, much remains unresolved in the theoretical realm and much remains to be done before a common posture is reached regarding what is best for persons with mental handicaps.

Challenges Facing People With Mental Handicaps

Although integration has resulted in many positive gains in the areas of self-determination, independence, and general life fulfillment, it also placed expectations on people with mental handicaps to undertake various roles as integrated members of society. And, many have experienced frustration and difficulty in assuming adult roles and meeting their basic needs. Walker and Calkins (1986) noted:

> The parallel movements of deinstitutionalization and mainstreaming have resulted in the exposure of thousands of handicapped and disabled persons to physically less restrictive settings. However, these movements have also dramatically illustrated the potential adjustment problems that are attendant upon such major transitions and changes in lifestyle. (p. 49)

Without discounting the achievements, and there are many, the problems encountered by people with mental handicaps in performing adult roles and in meeting basic needs remain at this point in time a concern to workers in the field, as is evidenced by the amount of literature published on the topic.

Problems encountered in achieving adult roles. Numerous research studies showed that people with mental handicaps frequently struggle to meet their basic needs and adapt to adult life, measured against the expectations and values of society and others. Brolin (Kokaska & Brolin, 1985), supported by the findings of five other studies conducted between 1979 and 1982, stated "...too many adults with handicaps do not know how to spend leisure time and lack interpersonal, independent living, personal maintenance, management, community integration, and vocational skills" (p. 329). Cummings and Maddux (1987) focused on persons with mild mental handicaps and wrote: "Today the field of Special Education is facing a major crisis. This crisis is related to education for mildly handicapped students and results from the failure to adequately prepare them for adult living" (p. vii). MacMillan (1982) felt that curricula for children still needs to "...be evaluated in the light of what children need to learn to be successful adults" (p. 468).

Skill deficits exist in fulfilling roles and participating as adult members of a community--in obtaining and maintaining employment, in attaining interpersonal and social behaviours, and in coping generally with community life. An indication of these problems is provided in the following.

Specifically related to the area of work, among the many studies containing empirical evidence, Kiernan and Stark (1986) reported that unemployment rates for people with handicaps in the United States ranged from 50 to 70 percent in 1983; job-retention rates were 76 percent during the first 60 days of employment, but fell to 31 percent for longer periods of time. Cummings and Maddux (1987) referred to the research of a number of investigators (Bowe, 1978; Brolin & Elliott, 1984; Hightower, 1975; Levitan & Taggart, 1976; Poplin, 1981; and Razeghi, 1979) which provided evidence that adults with mental handicaps undergo frustrations obtaining and maintaining paid employment. Regarding obtaining employment, Moskowitz (1984) reported that "The handicapped have the highest unemployment rate of any group in the United States" (p. 41). Conley (1986) reported on a study by Buckley & Bellamy (1985), which showed that the majority of adults who are mentally disabled "are not employed in substantial jobs" (p. 31) that is, jobs with a monthly remuneration of $300. Attempts to alleviate such problems are being undertaken. For example, in England, an employment program called the Pathway Scheme placed 117 trainees in jobs in the open market in its first four years of operation. Of the 117 people, apparently only 14 failed and returned for retraining. Information on job retention rates was not provided in the source. The scheme entailed careful selection of employers, specialized training for work, consistent Pathway follow-up for as long as the new employee needed support and Pathway paying the salary of the new employee and a weekly bonus to an assigned foster worker for the first three-month period. However encouraging, one realizes that much time, effort and financial support was allotted to each individual trainee. Within Baranyay's (1981) report on the Pathway Scheme, she assessed employment prospects for the general population of persons with mental handicaps:

> Even with so exciting a scheme as Pathway, there is the accompanying reminder that approximately 70% of those referred to Pathway fail to meet the standard requirements for placing into open employment. Overcrowded Adult Training Centres, with insufficient space and staff for expanding programmes, and little likelihood in the foreseeable future of an increase in

> sheltered workshops, are still the realities of the situation. (p. 110)

What ought to be borne in mind here is that work does not necessarily have to be in the competitive open market, but rather can be any number of meaningful activities. On the other hand, if one is not employed in the open market, one may be placed in a work setting structured only for people with mental handicaps--and then are we fostering integration?--are we achieving normalization or mimicking it?

With regard to maintaining employment, beyond the skills required to perform job-related tasks which can be attained successfully by people with mental handicaps, the literature suggested that employment failures are linked significantly to problems relating to interpersonal skills in areas such as "fundamental behaviourial traits...and negative work attitudes" (Conley, 1986, pp. 31-32). Walker & Calkins (1986) cited numerous studies which focused on social skill deficits and the subsequent problems for the mentally handicapped adult in work. Among the studies they cited was O'Connor (1983), who reported results from a number of investigators (Bellamy, O'Connor & Karen, 1979; Cheney & Foss, 1984; Foss & Bostwick, 1981; Foss, Bullis, & Vilhauer, 1984; Foss & Peterson, 1981; Niziol & DeBlassie, 1972; and Richardson, 1978) to support the finding that more jobs are lost by people with mental handicaps because of social reasons rather than inadequate job skills. Although this is a widely acknowledged stance, "...it is very difficult to calculate precisely the percentage of job losses attributable to social competence factors" (Walker & Calkins, p. 50). Wehman and McLaughlin (1980) suggested that independent living skills were necessary in order to acquire and maintain employment in the community. Problems relating to the area of work have been discussed. The next area focused upon involve social and interpersonal skills.

Social skills affect many avenues of adult life. Frustration is experienced in the realm of daily living and work due to the inadequate development of social process competencies. For many people with mental handicaps, the lack of experience in integrated work, community or social settings has been a disadvantage to their growing socially as adults; for others "maladaptive behaviours, antisocial, and aggressive forms" (Walker & Calkins, 1986, p. 49) of behaviour are not tolerated well by those who come into contact with them.

Research has also been conducted in the realms of social skills and adaptation to independent residential living and participation in community life. Valletutti and Bender (1982) suggested that as society strives for "...normalizing the lives of the handicapped, the role of interpersonal skills and community living skills assumes incontrovertible prominence and development of these skills in learners must be assiduously pursued" (p. vii). Some impacts of social skills in the area of work have been discussed. Social skills in independent living and community life form a complex and multi-faceted subject, because judgments regarding social skill competencies tend to be value-laden; in other words, dependent on the expectations of others. Evidently, maladaptive behaviour (threatened or actual physical violence, damage to property, rebelliousness, etc.) has accounted for the most severe failures of persons with handicaps in community settings. Research has found consistently that 15 to 50 percent of the developmentally disabled population return to institutional settings (Walker & Calkins, 1986).

General community living is the next area of consideration. Other problems are also encountered by people with mental handicaps in areas relating to decision-making, information processing, "knowledge of how to handle everyday situations" and "ability to perform community-based and personal care routines" (Marlett, 1984, p. 2). In an Alberta-based study, Marlett wrote:

> As persons who have been isolated are allowed greater opportunities to become involved in the full spectrum of community life, new challenges arise. While training technologies have provided the means to teach many skills for living and working within society, the mentally handicapped are increasingly exposed to subtle and often ambiguous situations within the community that they have not been trained to handle. (p. 19)

Yet another 'Catch 22' in life. Persons who are not mentally handicapped are prepared from the cradle to understand the many nuances of life; persons with mental handicaps who have been fully or partially segregated from full participation in the wider society cannot be expected to suddenly know how to react to certain situations when hurled headlong into a society that was beforehand out of bounds to them. Walker & Calkins (1986) confirmed, however, that integration does not automatically result in increased social competency, but rather persons must be taught these skills. In fact, this is true for many skills needed to live within the community. Skills for living within a community must be learned through training programs; they are not readily acquired merely through the process of being exposed to life in a wider society. Programs to facilitate learning community living skills as Marlett refers to do exist, yet problems abide and more attention in such areas is needed.

In addition, workers in the field are mindful that basic human needs are not always met satisfactorily for people with mental handicaps. In a natural process, meeting needs and functioning in age-appropriate roles represent symbiotic and complimentary activities; as one is achieved, the potential for the other to be attained is enhanced. For example, a discussion paper prepared for the Ministry of Education in British Columbia (Lindsay, 1983) noted that without work, people with mental handicaps lose the opportunity to be independent, lose some opportunity for personal growth, and have less of an opportunity to develop their own identity and feel accepted and valued as persons. Moskowitz (1984) also felt that work affords individuals opportunities to assert individuality, worth as a person, "...social recognition and the pride of self reliance" (p. 41). A focus on the holistic well-being of persons with mental handicaps is an overriding objective for many workers in the field today and helping those who are mentally impaired meet their basic human needs is being addressed.

Problems encountered in meeting needs. The nature and dimension of needs which people with mental handicaps are perceived to have has been subject to interpretation by the larger society within which they live or by others close to them. The possibility that some people who are mentally handicapped can recognize and tell us what their own immediate needs are is not discounted and more and more we are recognizing that people with mental handicaps can speak for themselves. Katz (1968) suggested that whenever possible information regarding the needs of people with mental handicaps should be obtained directly from them, but he also cautioned that "many retarded adults have poor comprehension or distorted ideas of what their needs are, based on incorrect knowledge or on inadequate judgment. There are many who cannot express themselves verbally and cannot state what they need" (pp. 75-76).

For anyone, the identification of a set of human needs is not a simple undertaking; indeed in itself the study of human needs constitutes a unique field of study. Because we know that persons with mental handicaps will always require some assistance in coping with life, viewing how to facilitate them in meeting their basic needs is key to moving through the labyrinth.

Katz (1968) said "The needs of all human beings--which include the mentally retarded--may be classified as physiological and psychosocial" (p. 73). He itemized physiological needs as food, clothing and shelter and reproduction of the species; and psychosocial as security needs (companionship, love for self and others, and acquisition of possessions) and adequacy needs (achievement-feelings of worth, prestige and striving for independence). Katz postulated that people with mental handicaps have a greater struggle than others to realize their physiological needs. And, "failure to satisfy psychosocial needs is likely to lead to failure in community living" (p. 74).

Dickerson (Cohen & Dickerson, 1983) was concerned about the basic needs of older and elderly persons having mental handicaps. She felt survival needs are being met today, but that more attention ought to be given to meeting all basic needs, which in her view comprise:

1. Income Maintenance/Home Maintenance (ensure allocation of needed funds);

2. Health Maintenance (obviate cursory and perfunctory health care attention and replace it with consistent, systematic attention and access to services);

3. Vocational/Educational Opportunities (create opportunities for life-long age-appropriate social, sexual and self-help skills);

4. Recreation (ensure opportunities to recreate - religious activities, using community resources, interacting socially in a meaningful way);

5. Interpersonal Relationships (communicate, share, love, touch and otherwise be intimate);

6. Crisis Management (lessen the need for crisis management by helping individuals manage and control their own lives and be as independent as possible).

Evans (1983) reported that adults who are mentally handicapped have difficulty in the area of friendships. He said that for those who live in residences many "...spend virtually all of their free time engaged in very solitary activities, such as watching television..." and for those who live in apartments of their own "...while they like independent living, one of the things they complain of is not having enough friends" (Evans, p. 122). One teacher which Evans quoted felt "they don't have friends because they don't have much in the way of self-concept. So they don't value the esteem of others" (Evans, p. 122). The Collett and Lind-Wilson (1989) study found that persons having mental handicaps ranked friendships and loving relationships as their least important basic need out of the same ten basic needs also considered in this research. Enkin (1983) reported on a study by Saenger regarding community adjustment. The results of Saenger's study indicated that persons with mental handicaps had jobs, made social adjustments, and "moved about the community with some level of independence" (p. 31), but many experienced loneliness and idleness. "Much of the time spent outside home was spent just hanging around the street by themselves, doing nothing" (Enkin, p. 31).

Baranyay (1981) considered the needs of people who are mentally handicapped and some of the thoughts she raised were:

> -Whereas the majority of those who are without handicap can, on reaching maturity, look forward expectantly to the succeeding decades as years of fulfilment this is not the case with the mentally handicapped population. Too often the reality has been 'out of sight, out of mind'. For some, years of institutionalisation, with atrophy of motivation, interest, and purpose of living, have rendered impossible any likelihood of personal fulfilment (pp. 1-2).
>
> -For most of us, where we live and the accompanying conditions are of great importance. Education, preparation for our work in life and the obtaining of employment are of high priority. Ability to enjoy our leisure has a special role in view of the increasingly mechanical nature of employment and the high level of unemployment. From this, one might venture to infer that without adequate satisfaction in these areas the task of

> adjustment to life, acceptance of our condition and growth in human relationships would be beyond us. If mentally handicapped adults are to have the opportunity to develop their full potential and have a life of fulfilment within the bounds of their capacity, then for them, just as for the remainder of the community, fitting provision in these areas must be forthcoming (p. 4).

Neisworth and Smith (1978) discussed sociolegal issues and in their conclusion said we should realize:

> ...the diverse needs of mentally retarded individuals approximate the varied needs of others in society. Rich or poor, mentally retarded or nonretarded, urbanite or resident of a rural area, we all strive to fulfill our common yet distinctive needs. The ease with which we accomplish this depends on a variety of resources...designed by society to assist individuals in developing their potential as human beings (pp. 105-106).

The basic human needs which the St. Paul and District Association for the Handicapped, St. Paul, Alberta, strive to help those they serve meet are:

-Acceptance and Value As A Person;

-Independence and Control Over Own Life;

-Learning New Skills, Knowledge and Attitudes;

-Meaningful and Productive Activity (work, etc.);

-Physical and Psychological Recreation;

-Friendships and Loving Relationships;

-Food, Clothing and Shelter;

-Moral and Spiritual Development;

-Health and Safety of Self and Others; and

-Support from the Community and Society.

(Collett and Lind-Wilson, 1989)

To conclude this section, the words of The National Institute on Mental Retardation (NIMR) are fitting. They were discussing the principle of normalization and how it could be analyzed along realistic dimensions in the lives of persons with mental handicaps. They said:

> It [normalization] shows that they need what everyone needs. Of course they need food and shelter, family and friends, education and work, and so on. They also need some special, intensive supports to learning and getting around, because of their impairments. Most important, they need certain things to overcome the wounds that are the result of being devalued:
>
> -because people are assigned undignified, lowly roles they need status and positive interpretation;
>
> -because they have been lonely and rejected, they need close, long-term relationships with family and friends;
>
> -because they have been set apart, they need to live and work with normal people their own age;
>
> -because they have been moved around, they need stability and security;
>
> -because they have been controlled, they need to make their own decisions;
>
> -because they have been poor, they need a steady and sufficient

> income;
>
> -because they have led such narrow lives, they need rich opportunities to learn and experience.
>
> Services to people with handicaps should be designed to meet these needs. (p ix)

Challenges in Educational/Training Programming Efforts

Over the past decade, a greater emphasis on functional curricula for persons with mental handicaps have been endorsed. Biklen and Foster (1985) described functional programming as "...a structured program of skills that a person can use to gain greater access to the wide variety of environments encountered within a daily routine" (p. 36). They expanded their discussion to explain "a corollary of functional programming" (Biklen & Foster, p. 37) is community-referenced instruction. "The principle of community-referenced instruction calls on staff to survey their community in terms of relevant vocational opportunities, community living skills, and social/recreational experiences" (Biklen & Foster, p. 37).

Mattison and Rosenberg (1985) supported the concept of functional curricula. They stated:

> ...much of the curriculum and instruction literature has repeatedly recommended that valid curricula must emphasize age-appropriate functional skills demonstrated in natural community settings (Brown, Branston-McClean, Baumgart, Vincent, Falvey, & Schroeder. 1979; Brown, Nietupski, & Hamre-Nietupski, Peters, & Hurd, 1981; Neel, Billingsley, McCarthy, Symonds, Lambert, Lewis-Smith & Hanashiro, 1983). (p. 137)

Biklen & Foster (1985) discussed principles for integrated community programming. Among the issues they reviewed was that often the programming provided in community-based settings does not relate to functional life skills training. They noted that:

> residents may be learning such things as bead sorting, cutting and pasting, and coloring. These are not functional skills; they do not help a person live more independently. (p. 36)

Brady (Brady & Gunter, 1985) focused on the synthesis of curriculum and instruction and supported the need to "teach persons in less restrictive settings" (p. 122) and set learning goals in accordance with what is needed to "increase the personal competencies required for successful integration" (p. 123); "develop chronological age appropriate goals and strategies for handicapped learners" (p. 123) and "examine and inventory skills that will ultimately be necessary for a student to function more independently in current and future environments" (p. 123). Brady supported community-referenced curricula because they are future-oriented and prepare persons for life in community settings (Brady & Gunter). Lilly (1985) also subscribed to curricula which are functional and he stated "development of curriculum for severely handicapped students must be based on analysis of the requirements of adult living environments, rather than study of normal growth and development (York & Williams, 1977) and instruction must be functional, practical, and community based" (p. 298).

Many programming efforts have been undertaken over the past 20 to 30 years to improve the quality of life for people with mental handicaps. Drawing on experiences from the past, using the advanced knowledge and understanding of mental handicaps, and supported by favourable societal attitudes, those who are closely concerned with the welfare of persons designated as mentally handicapped have implemented many strategies to assist in the achievement of an integrated life in a wider society fulfilling age-appropriate roles and in the meeting needs. Among the endeavours, several curriculum and program guides have been developed which address skills required for everyday life. The guides were developed along subject, functional, developmental or sociological bases, or combinations of these. Programs exist which focus on itemization of skills required for adult roles and needs, under such concepts as life-centered career education, under specific training programs for vocational, daily living or personal and social skills, or under legal and medical jurisdictions to assess persons having handicaps for their particular support and learning requirements. Until recently, the greatest attention to the development of such curricula was given to children and adolescents and offered in their school programs to prepare them for adult life. Programs are now emerging for adults who either did not have the opportunity for special education when they were younger, or who, like all adults need programs for lifelong learning. The Ministries of Education, Advanced Education, Manpower and Social Services and Community Health issued a news release in September, 1983, which outlined the departmental responsibilities for adult education programs, as follows:

> An agreement concerning the education and training of mentally handicapped adult Albertans was announced today by the Ministers of Education, Advanced Education, Manpower and Social

Services and Community Health.

Alberta Advanced Education is responsible for providing college and Alberta Vocational Centre programs to mildly mentally handicapped students who would benefit from a one or two-year vocational program prior to employment or more advanced training.

Adults who require a longer period of instruction and practice before they are able to proceed to employment or more advanced training are eligible for vocational training and activity programs offered by community agencies. These are the responsibility of Alberta Social Services and Community Health.

Social Services and Community Health will also arrange programs for adults who are residents in a departmental facility and who would not benefit from community-based programs.

Alberta Manpower will provide student allowances and tuition support for eligible students attending post-secondary institutions. Alberta Manpower Career Centres, located in thirteen centres across the province, also provide career counselling services.

Alberta Education funds school boards for educational programs for mentally handicapped adults up to the age of 18, except for those requiring 24-hour institutional care, 24-hour nursing or medical care, or both. For those over 18, school boards provide programs at their discretion with funding from Alberta Education according to established guidelines.

(Fischer, 1988, pp. 59-60)

The above now forms part of Alberta Education's policy.

As noted in section one of the literature review, some adult education/training programs available in the Edmonton area are listed in Appendix A. Fourteen resource centers offer programs in the area of vocational skills and ten other centers focus on personal/social and daily living skills.

Fischer (1988) attempted to develop a listing of locations in Alberta where programs for adults with mental handicaps were offered. He said a factor which complicated the compilation of his listing was "that programs which are designed to serve mentally handicapped adults are described and conducted in a variety of ways" (p. 57). Although not all-inclusive, he provided the following locations where programs were operating:

> Camrose
> Drumheller (Votec)
> Edmonton (Alberta Vocational Centre, Cerwood, Gateway Association (University of Alberta), Robin Hood Association, South Edmonton Bottle Depot (Edmonton Separate Schools), Winnifred Stewart School)
> Fairview College
> Grande Prairie Regional College
> Hanna and Youngstown (outreach programs from Drumheller Adult Resource Training Society)
> Lakeland College
> Lethbridge Community College
> Medicine Hat College
> Mount Royal College
> Olds (Horizon School, Olds College)
> Red Deer (Cosmos, Parkland School, Red Deer College)
> Wetaskiwin (Wetaskiwin School District)
>
> (pp. 57-58)

Examples of some curricula, program guides and listings of living skills found in the literature for people with mental handicaps will be discussed in the following. One example from the United States is Brolin's (1983) Life-Centered, Competency-Based Model. Another is the Systematic Curriculum for Independent Living (S.C.I.L.) developed in 1977 in West Virginia. A taxonomy of community living skills was developed by Dever, Indiana University, and published in 1988. Peck and Hong (1988), from England, have identified independent living skills for people with mental handicaps. The Continuing Education Programs Branch, Ministry of Post-Secondary Education, Province of British Columbia, produced a resource book titled Skill Development for Adults With Mental Handicaps (1986). Alberta Education has curriculum guides for people who are considered educable and trainable. Lovett and Harris (1987) conducted a study where they asked adults who have mental handicaps to rank the importance of a given listing of skills needed for successful community living and to suggest any additional skills they felt were important.

Brolin's model is a career education model. Career education does not refer only to occupational roles, but includes as well "...avocational, family, and civic" (Kokaska & Brolin, 1985, p. 42) roles and responsibilities. Brolin's model comprises 22 major competencies, broken down further into 102 sub-competencies, which have been identified as necessary for successful adjustment to community and adult life following exit from school. These competencies are to be taught on a continuum from kindergarten through to adult years based on "four stages of career development--awareness; exploration; preparation; and placement, follow-up, and continuing education" (Kokaska & Brolin, p. 44). The 22 competencies are categorized into three main curriculum areas: (a) daily living; (b) personal-social; and (c) occupational skills. Daily living competency areas included:

1. Managing family finances;
2. Selecting, managing, and maintaining a home;
3. Caring for personal needs;
4. Raising children—family living;
5. Buying and preparing food;
6. Buying and caring for clothing;
7. Engaging in civic activities;
8. Utilizing recreation and leisure; and
9. Getting around the community (mobility).

Personal/social competency areas included:

10. Achieving self-awareness;
11. Acquiring self-confidence;
12. Achieving socially responsible behaviour;
13. Maintaining good interpersonal skills;
14. Achieving independence;
15. Achieving problem-solving skills; and
16. Communicating adequately with others.

Occupational competency areas included:

17. Knowing and exploring occupational possibilities;
18. Selecting and planning occupational choices;
19. Exhibiting appropriate work habits and behaviours;
20. Exhibiting sufficient physical-manual skills;
21. Obtaining a specific occupational skill; and

22. Seeking, securing, and maintaining employment.

(Kokaska & Brolin, 1985, p. 47)

Brolin's model was designed to infuse competency training into the school curriculum from kindergarten to Grade 12 and addressed the roles of school, community and family in the learning process of those with mental handicaps. Alternatively, however, Brolin's model could be used for adult education, and in such a case the provision of support networks available to persons with mental handicaps and the establishment of settings for continuing education, such as community colleges, would need to be explored.

The Systematic Curriculum for Independent Living (S.C.I.L.) was developed in 1977 by persons affiliated with the College of Human Resources and Education at West Virginia University. The first stage of curriculum development involved categorizing the skills and subject areas needed by the students. In order to determine what areas should be included in the curriculum, two questions were asked: "Is this an essential area for daily human survival?" and "Is this a necessary area for minimum vocational adaptation and/or independent living?" (Hannah, Millhouse, Sauvageot, Froelich, Zidar, Spinks & Landau, 1977, p. 4). This initial stage in planning the curriculum is similar to the efforts of this study: the identification of basic skills for people with mental handicaps which will help integration into adult roles and meet basic needs. The S.C.I.L. development involved three subsequent stages:

-determination of targets for each subject area. "Targets were defined as general goals which a student can meet only if he has mastered other more specific objectives" (p. 4);

-specification of behavioral objectives for each target; and

-formulation of lessons for each behavioral objective.

Three main curriculum areas comprise S.C.I.L.: Arithmetic Skills, Communication Skills, and Independent Living Skills. The subject areas for Arithmetic Skills were:

-Math (concepts, addition, subtraction);

-Money (coins, currency);

-Time (calendar, clock); and

-Measurement (like-different, quantity, linear, location, weight, sound, texture).

The subject areas for Communication Skills were:

-Functional Reading (Functional Signs, safety, travel, information; Functional Words, safety, travel, information);

-Speech (receptive, expressive, individual therapy);

-Telephone;

-Postal;

-Writing.

The subject areas for Independent Living Skills were:

-Personal Care (hygiene, clothing);

-Human Sexuality;

-Health & First Aid;

-Home Care (shopping, cooking, cleaning, maintenance);

-Vocational (pre-vocational, occupational);

-Community Living (transportation);

-Social Skills; and

-Leisure Time (recreation, other activities).

S.C.I.L. is a developmentally-sequenced functional curriculum for adults with moderate mental handicaps ranging in age from 18 to 22 years. The curriculum is extensive, comprising four volumes and totalling 2,336 pages.

Dever's 1988 taxonomic model of community living skills comprised five domains: Personal Maintenance and Development; Travel; Homemaking and Community Life; Vocational; and Leisure. (p. 22) Within each domain, four major goals, broken down into anywhere from two to 11 observable behaviours were identified. The behaviours reflected similar skill areas considered in this study and contained in the other listings which were reviewed. He does not claim that his taxonomy provides a curricula, rather it reflects endpoints of instruction needed to prepare persons for community living and can serve as a guide to curriculum developers. Dever's felt that the taxonomy would be useful in developing programs for both children and adults. He subscribed to community-referenced curricula and was cognizant of the need to develop programs that meet the learning needs of each individual.

Peck & Hong (1988) recognized that independent living skills training encompasses "a broad and complex" (p. 74) area. They felt that independent living skills training should be presented in three sequential, but interrelated levels: basic, intermediate and advanced. The basic living skills center on functional control of one's body; intermediate living skills lead to abilities which enable persons "to care for themselves in a supported environment, and are therefore largely concerned with independence in self-care, understanding of the environment and living with others" (p. 99); and advanced living skills require a wide scope of competencies and are those "which are needed to live safely and successfully within a community, or alone" (p. 126). Attaining the basic and intermediate skills are perceived as prerequisites to attempting advanced living skills. A summary of advanced living skills is provided in the following, because they parallel the level of skills considered in this study.

Peck & Hong (1988) concentrated on four areas in developing advanced living skills: social and interaction skills; literacy and numeracy skills; community living skills; and work skills.

The list of social and interaction skills, which Peck & Hong did not consider exhaustive, included:

> conversation, understanding signs, understanding directions, decision-making, manners/politeness, making friends, use of non-verbal signs, use of gesture, understanding of non-verbal signs, listening skills, comprehension of verbal instructions, use of greetings and social speech, initiating interaction, recognition of mood in others, flexibility of role, achievement of goals, recognition of need in others, developing general relationships, developing close relationships, asking questions, reading, understanding social/community signs, recognising personal limitations, asking for relevant help, voice modulation and inflection, appropriate selection of clothing, logical and consequential thought, appropriate social behaviour, making enquiries, comprehension of written signs and instructions, maintaining relationships, giving and receiving non-verbal feedback, maintaining interaction, concluding

> interactions, adaptability of approach, skills in formal interactions, and developing friendships. (pp. 130-131)

Literacy skills included four categories: spoken language, listening skills, writing skills and reading. Within each of these four areas were several competencies. Numeracy skills comprised five categories: sorting, matching, counting, weight and capacity and time; within which competencies were highlighted.

Community living skills were broken down into three main categories: personal skills, home management skills and self-reliance skills. Examples of personal skills are:

> developing friendships, hobbies/leisure interests, travel and road safety, membership of clubs/libraries, correspondence, giving and receiving gifts, guests, social life, use of telephone and directories, sexual relationships and marriage (p. 137).

Home management skills represented such as:

> housework, cooking, shopping, budgeting, use of banks and post offices, laundry and clothes care, nutrition, hygiene, health care, simple first aid, use of GP and dentist, care of pets, payment of bills, hire and rentals, home security and simple maintenance (p. 137).

Self-reliance skills included:

> using community facilities, understanding contracts and rental/purchase agreements, understanding how and when to use emergency services, understanding the need for insurance, paying rent and organising holidays (p. 137).

Work skills were perceived as involving vocational and "self-help, social and academic skills" (p. 150). Some of the skills which Peck and Hong believe persons should acquire are:

> speed, responsibility, adaptability to environment, high work quality, self-checking of work, care of tools/equipment, adequate memory, comprehension of instructions, self-confidence, consistency, adaptability, acceptance of supervision, accuracy, good concentration, good communication, regularity of attendance, reliability, decision-making, adequate personal hygiene, good relationships with colleagues, ability to cope with pressure, foresight and initiative, punctuality and perseverance. (pp. 150-151)

The Resource Book developed by the Continuing Education Programs Branch, Ministry of Post-Secondary Education, Province of British Columbia covered skill development for adults in four basic areas: work settings, class-room based training, home settings and transit.

Work settings included nine major categories:

1. Work Routines;
2. Work Skills;
3. Work Attitudes;
4. Interpersonal Skills;
5. Employer/Employee Relations;
6. Appearance and Hygiene;
7. Breaks/Lunch;
8. Use of Washroom; and
9. Operational Skills.

(pp. 16-19)

The six skill areas for class-room based training were:

1. Class Participation Skills (classroom behaviour, break skills);
2. Personal Skills (grooming and hygiene, personal rights and responsibilities, dealing with feelings);
3. Social Skills (greeting and introductions, compliments, conversation, body language, asking/following directions, telephone use);
4. Human Awareness Skills (public and private places, personal and general information, relationships, community interactions);
5. Work Skills (introduction to work, job search and interviews, routines in the workplace, work habits and behaviors);
6. Peer Trainer Skills (roles and responsibilities, communication).

(p. 61)

Skill areas in Home Settings involved:

1. Home Security and General Safety;
2. Fire and Electrical Safety;
3. First Aid and Health;
4. Kitchen Skills.

(p. 233)

Transit consisted of two skill areas:

1. Crossing the Street; and
2. Taking the Bus.

(pp. 281-282)

A principle in the development of this resource book was to provide skills training which would create opportunities for people with mental handicaps to participate in the community. Another principle was that all programs for persons having mental handicaps must be designed to meet their needs and the places where the skills would be utilized. Examples of teaching/learning scenarios were provided.

The Alberta Education Educable Mentally Handicapped Curriculum Guide (1983) was broken down into three major sections: Living/Vocational Skills, Computation, and Communication. The guide subscribed to the developmental theory that learning occurs in a "continuous, sequential and hierarchical" (p. 8) pattern. Therefore four levels in each of the three sections were provided to offer content to match learners' different functioning levels. The subject matter content of the guide does reflect a functional curriculum approach, however, because attention was given to a community focus and the principles of normalization.

The Living/Vocational Skills section addressed ten areas:

1. Understanding Self and Getting Along With Others;
2. Travel;
3. Health;
4. Safety;
5. World of Work;
6. Home Management;
7. Money Management;
8. Motor Development and Physical Activities;
9. Leisure/Recreation Skills; and
10. Citizenship and Individual Responsibilities.

Each of the ten areas comprised two to five categories, which in turn were broken down further into sub-categories which addressed varying numbers of learning objectives.

The Computation section considered four areas:

1. Numbers and Numeration;
2. Operation and Properties;
3. Measurement and Graphing;
4. Geometry and Symmetry.

Again, each of the four areas were broken down into four to five sub-categories, which attended to varying numbers of learning objectives.

The Communication section comprised eight areas:

1. Listening;
2. Viewing;
3. Speaking;
4. Reading;
5. Vocabulary Development;
6. Pre-spelling;
7. Spelling;
8. Handwriting.

These areas, too, were broken down into sub-categories with learning objectives.

The Alberta Education Trainable Mentally Handicapped Curriculum Guide (1982) took into account the differences in the rate and level at which different people can learn. This guide contained the same three sections as the guide for people who are considered educable mentally handicapped: Living/Vocational Skills, Computation and Communication. However, the guide for people with trainable mental handicaps has six developmental levels for each section. Content areas in the

Living/Vocational Skills section carried the same sub-categories as were found in the educable curriculum, except that Leisure/Recreation in the educable guide was replaced by Fine Arts and Individual Expression in the trainable guide. The Computation and Communication sections carried a different foci in each guide.

In the guide for those considered trainable mentally handicapped, a notation was made that these learners are "unlikely to achieve greatly in the academic area," but are likely "to benefit from instruction in the Living/Vocational Skills areas" (p. 2).

Lovett and Harris (1987) provided a listing of skills categorized into five areas to 48 adults with mental handicaps and asked that they rank the importance of each skill on a three-point scale, from one - very important to three - not important. The skills presented were:

- Vocational skills
    - Follow rules at work
    - Be careful at work
    - Keep work area neat
    - Stop work on time
- Social skills
    - Answer telephone
    - Good table manners
    - Speak clearly
    - Go on a date
- Personal skills
    - Clean kitchen
    - Use a deodorant

Read and follow signs

Take care of belongings

Keep teeth clean

Dress appropriately

Order fast food

Give address

Care for pets

Take care of children

Academic skills

Count to 10

Able to read

Able to add and subtract

Leisure skills

Play outdoors alone

Use a calculator

Play indoor group games

Play indoors alone

(p. 353).

Overall, study participants ranked vocational and social skills "as the most important, followed by personal, academic, and leisure skills..." (p. 351). The additional skills suggested by the respondents were:

Get along with others
Be independent
Learn to count
Be treated like others
Learn to read
Learn to spell and write
Go out on date
Go to bank
Go shopping
Don't be scared

> Be nice to people
> Learn more things to do
> Have good work behavior
> Don't show affection on bus
> Learn how to make friends
> Learn how to socialize
> Be able to get married
> Go dancing and to bars
> Go to movie independently
> Eat out by myself
> Have transportation skills
> Have own apartment
> Know how to handle big bills
> Do your best
> Appropriate job training
> Be trained for desired job
> Laundry skills
> Know how to handle budget
> Find a good paying job
> Be trained to protect and avoid rape
> Be able to call emergency phone number
> Plan meals for the week
> Be able to get to work on time
> Exercise
>
> (p. 354)

The skills outlined in the curricula, program guides and listings of skills above could serve as resources to developing curricula for adults with mental handicaps. However, apart from the Alberta Education curriculum guides which were intended for use with school-aged persons, the other guides were from outside Alberta. A recognized fact is skills required to live in a society may differ from one geographic location to another. One proposition of normalization is that what is normal depends "on where one is in the world. What is normative or valued in one society may be frowned upon in another. Normalization recognizes that life-styles vary from country to country and from region to region" (NIMR, 1981, p. 55). Therefore, an Alberta-based catalogue of skills, which represented skills needed by adults to function effectively in society, was chosen as a source document to be used in this research. Also, a basic needs listings, which was developed by workers who serve those with mental handicaps was chosen as a foundation document in this study.

## Alberta-Based Documents Used In This Study

Two primary documents were used in this study in the area of skills and needs. The Alberta Catalogue of Adult Basic Skills (CABS) study (Collett et al, 1982) and the Basic Needs defined by the St. Paul and District Association for the Handicapped, St. Paul, Alberta, are overviewed below.

CABS identified basic skills required by adults to function in Alberta society. The skills were organized in three general groups, "Context", "Interpersonal" and "Foundation", and were broken down into nine sub-categories and 78 skill areas. The nine sub-categories were:

1. Protect/Maintain Health & Safety of Others;
2. Earn A Living;
3. Manage Home and Family Responsibilities;
4. Function As A Citizen;
5. Communicate;
6. Use Mathematics;
7. Develop Self;
8. Relate to Others;
9. Learn How to Learn

The study was conducted in association with the Alberta Vocational Centers and Community Vocational Centers to help "...guide the course of their Adult Basic Education program" (Collett, et al, p. i). Workshops and numerous mini-profiling sessions were conducted in five geographic centres in Alberta to develop the listing of basic skills; in one phase of the study, over 550 participants were surveyed regarding the perceived importance of the skills for functioning in adult roles in Alberta. Four phases of analysis were undertaken during 1981 and 1982 to identify the adult basic skills. The utilization of the findings of this study in the current research is considered pertinent for three reasons: (a) the relevance to Alberta society; (b) the distinct focus on adult basic skills; and (c) the foundation it provides for exploring a functional curriculum on a content basis for adults having mental handicaps.

The Basic Needs listing used was that developed and in current operational use to guide service and programming efforts by the St. Paul and District Association for the Handicapped. This listing of basic human needs was considered relevant because it addresses common human needs and is a guidepost currently used by some practitioners in Alberta to help persons with mental handicaps lead fulfilled lives.

Despite the expansion and strengthening of educational and training programs for people with mental handicaps, shortcomings remain in that difficulty continues in their endeavours to fulfill adult roles and meet basic needs. The possession of skills relevant to the cause appears to be one of the most direct and sustaining means through which persons with mental handicaps can help themselves achieve a fulfilled life. Curricula which are functional and community-referenced appears to be an area which could be further researched for adults having mental handicaps. In speaking of the future of education for persons with mental handicaps, Lilly (1985) said:

> Hopefully the future will see more and more emphasis on development of skills in moderately and severely handicapped individuals which will allow them to take their place as contributing adult members of the community. (p. 298)

## The Importance of Skill Acquisition in Meeting Needs and Attaining Integration

Among the factors which play a role in predicating whether basic needs will be met satisfactorily and adult roles achieved are individuals' mental and physiological capabilities, their past and present learning opportunities and achievements, personal financial standings, relationships with family and friends, and in general their life experiences. Despite the many parts that make up the whole, the possession of needed skills is unassailable in moving toward realizing the objectives to assume adult roles meet basic needs.

Sigelman, Novak, Heal, and Switzky (Novak & Heal, 1980) reviewed research undertaken in the 1970s regarding the role that skill acquisition played in community adjustment of persons having mental handicaps. They reported "vocational skills appear to be somewhat associated with community success; and social skills were significantly related to success in five of the six studies in which they were examined" (pp. 58-59). These same authors addressed prerelease training in institutions and stated:

> Training and experience in the institution was a positive predictor of community outcome in Gollay's study (1976). Participation in day programs (work, school, and day activity programs) before release predicted fewer problems in the

> community. Moreover, a general institutional variable, intensity of institutional programming--which included per capita expenditure and average percentage of released residents who had participated in various programs--was positively associated with remaining in the community. Similarly, Bell's (1976) above-55 IQ subjects, who showed better community adjustment on nearly all outcome measures, had more prerelease prevocational and independent living skills training (but less academic training) than the more poorly adjusted, below-55 IQ group. (Novak & Heal, p. 64)

A number of studies support the beneficial effects of training. However, "Crnic and Pym (1979) found that training alone was not enough to guarantee success in independent living; clients also needed adequate self-concept, the ability to cope with life stress, and appropriate social support systems" (Novak & Heal, p. 65). A study conducted by Seevers (1975) indicated that persons with mental handicaps also needed training when placed in a community setting in such areas as coping with "rejection, nonacceptance, prejudice, and indifference from other members of the community" (Novak & Heal, p. 65).

## Summary

Many members of our society today accept that persons having mental handicaps should be given the same opportunities as all others to participate in community life. Current philosophies underlying the treatment, care and training for such persons are normalization and integration. In the attempts to help persons integrate, a challenge which has emerged in the field serving adults with mental handicaps is to remedy the shortcomings that exist in effectively equipping them with the skills required to participate in age-appropriate roles as members of society and to meet their basic needs.

From a theoretical point of view, this challenge may be considered as one of the stages that the field will experience in moving from the initial conceptualization of reform-based philosophies to eventual operational definitions and best applications. From a discernable point of view, the challenge to help people with mental handicaps acquire skills for adult roles and to meet basic needs arises from the problems they experience as they try to make the social, occupational and daily living transition to adult life.

Among the efforts which could be undertaken to alleviate the difficulties encountered in assuming adult roles and in meeting needs, acquisition of relevant, functional and achievable skills is perceived as one of the more explicit and enduring means through which people with mental handicaps can help themselves move toward a full adult life.

The challenge is long-term and both parties must work together to find resolutions. As the one group in the field devises means to a perceived end and the other group of learners employ the means to a realistic end, eventually perception and reality will converge and result in a product satisfactory and meaningful to all concerned. At this time however such a balance has not been achieved.

## Summary

An attempt has been made in this chapter to review related literature. The history of the treatment and care of persons with mental handicaps was meant to contribute to an understanding of the development of societal attitudes and actions over time. The historical section would be of particular interest to persons who are not familiar with the field related to people having mental handicaps. The current day perspective was intended to provide an orientation to problems being experienced by both workers in the field and persons with mental handicaps as they relate to the aims of this study: how to help adults having mental handicaps meet basic needs and integrate into age-appropriate roles in Alberta society.

# CHAPTER 3

# RESEARCH METHODOLOGY

## Introduction

The intent of the study was to identify basic skills which could help adults with mental handicaps meet their basic needs and function as effectively as possible in adult roles in Alberta society. The research methodology is reported in three sections as shown in Figure 1. Section One provides an overview of information relevant globally to the design of the study; Section Two provides an explanation of the data collection and analysis process for Level One--Questionnaires; and Section Three discusses the data collection and analysis process for Level Two--Review and Assessment Panel (RAP) Session.

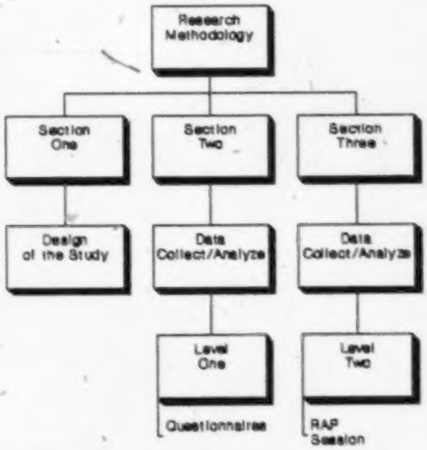

Research Methodology
Section One
Section Two
Section Three
Design of the Study
Data Collect/Analyze
Data Collect/Analyze
Level One
Level Two
Questionnaires
RAP Session

Figure 1. Organization for reporting Research Methodology in three sections in Chapter 3.

## Section One - Design of the Study

This section provides an overview of the design of the study as shown in Figure 2.

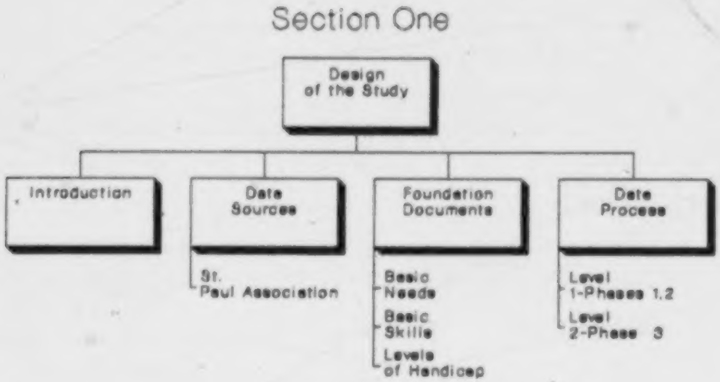

Section One
Design of the Study
Introduction
Data Sources
Foundation Documents
Data Process
St. Paul Association
Basic Needs
Basic Skills
Levels of Handicap
Level 1-Phases 1,2
Level 2-Phase 3

Figure 2. Organization for reporting an overview of the Design of the Study--Section One, Chapter 3.

### Introduction

Fredericks (1985) cautioned that in the area of social services, "definitive research that proves beyond a doubt that such-and-such is true for all individuals" (p. 269) can rarely be achieved. Therefore, he suggested that evidence be accumulated which would point to some best approaches. Fredericks emphasized that while evidence needs to be gathered by researchers focusing on specific questions and isolating and manipulating variables and treatments in order to arrive at valid conclusions, he added:

> Also, we should be gathering information from practitioners throughout the country. Teachers, group home operators, activity center directors and vocational trainers all should contribute to this body of knowledge. We have practitioners engaging in excellent programs across our country, finding out information about severely handicapped [and other mentally handicapped] individuals that is not shared with the rest of the country. (p. 269)

This research gathered the professional judgments, attitudes and beliefs of a group of workers in the field who serve people with mental handicaps.

Data Sources

The data sources for the study were staff members of the St. Paul and District Association for the Handicapped, St. Paul, Alberta, who agreed to participate. Persons affiliated with this Association were considered representative of the field serving people with mental handicaps, based on the scope of the Association's programming and the staff members' front-line experiences. Although given the option, none of the participants opted out.

All St. Paul Association staff were invited to participate in the study by completing two sequentially administered questionnaires. Thirty-eight persons responded to questionnaire one and 31 persons responded to questionnaire two. The variance in numbers of participants responding to the two questionnaires was a direct result of their availability, which was affected by shift work schedules and days off.

St. Paul Association staff who responded to the questionnaires were asked to indicate their interest in participating in a two-day Review and Assessment Panel (RAP) session by completing a volunteer form attached to the second questionnaire. A panel of ten persons was established in the research design as the optimum group size. All persons who volunteered and were able to rearrange their work responsibilities to attend the two-day session formed the panel. Eight persons, representing the vocational, residential and daily living skills areas, participated in the two-day RAP session.

## Foundation Source Documents

Three source documents were used to develop the content and set the parameters for the two questionnaires in the areas of: (a) Basic Needs; (b) Basic Skills; and (c) Classification of Mental Handicaps.

Basic Needs. The Basic Needs Listing used in this study was developed by the St. Paul and District Association for the Handicapped, St. Paul, Alberta. The Association uses this listing of ten basic human needs as a global guide to determine their programming emphases and efforts on behalf of persons with mental handicaps.

Basic Skills. The Basic Skills listing used in this study resulted from the Alberta Catalogue of Adult Basic Skills (CABS) study (Collett, et al, 1982). This listing of 78 skills was validated as representative of the skills needed by adults in Alberta to function effectively. CABS was developed to help guide the Adult Basic Education programs at Alberta Vocational Centers and Community Vocational Centers in Alberta.

Levels of Handicap. The guide to classifying levels of mental handicap used in this study was Levels of Handicap Prepared for Services for the Handicapped, Calgary Region (Marlett, 1975). This guide is attached to questionnaire two in Appendix B. Five areas reflecting four levels of mental handicap are summarized in the guide: Supervision and Care; Motor Control/Mobility; Socialization/Communication; Developmental Skills; and Behaviour. Numerical designations to depict level of mental handicap are provided by Marlett in her guide. Following consultation with workers from the St. Paul and District Association for the Handicapped, the terms mild, moderate and severe were incorporated with the numerical designations into the questionnaire as follows:

Level 1 - Mild Mental Handicap
Level 2 - Moderate Mental Handicap
Level 3 - Severe Mental Handicap

Level 4, which would equate with a profound level of mental handicap, was not addressed in this research. The reduced likelihood that persons so impaired would be able to acquire many of the basic skills under study was the principle reason for excluding this group.

## Data Collection and Analysis Process

A two-level, three-phase data collection process was used in this study. The first level of data collection occurred by administering two questionnaires, thus comprised two phases; the second level of data collection utilized a Review and Assessment Panel (RAP) session, the third and final phase of data collection.

Data from each phase served a purpose in subsequent data collection phases. Data from questionnaire one were required to form the content relative to basic skills presented in questionnaire two. Therefore, data which resulted from questionnaire one were analyzed in the one-week period between administering the two questionnaires. The data from questionnaires one and two were required as reference material by RAP members in the third phase of data collection. Therefore, questionnaire data were analyzed and illustrated in a Data Information Package, the product of Level One and required for Level Two of data collection. This package was developed in the two-week period prior to collecting data in Level Two, phase three, the RAP session.

Details of the two levels, and three phases, of data collection and analysis are presented in the following two sections.

## Section Two - Level One of Data Collection and Analysis

The first level of data collection involved the administration of two questionnaires, and subsequently represented two phases. The data collection process for Level One is shown in Figure 3.

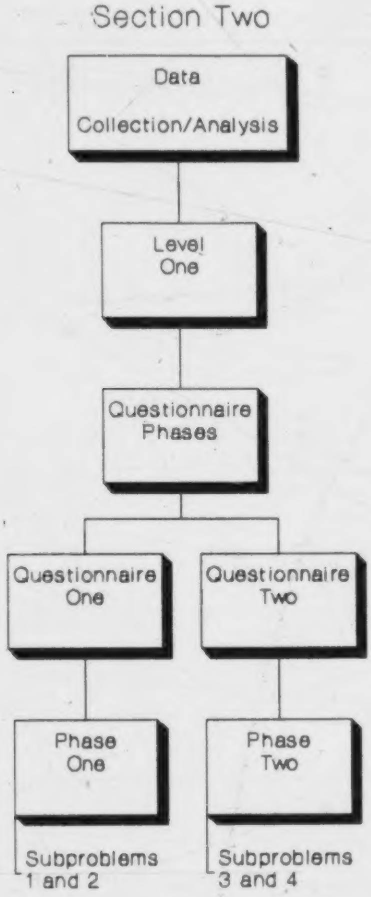

Section Two
Data Collection/Analysis
Level One
Questionnaire Phases
Questionnaire One
Questionnaire Two
Phase One
Phase Two
Subproblems 1 and 2
Subproblems 3 and 4

Figure 3. Level One of data collection and analysis.

The data collected using two questionnaires in level one were of an interim, building block nature intended to guide participants' decision-making in the second level of data collection--the RAP session. Therefore, the findings from the questionnaire data were coalesced for the RAP members into the major product of level one, a Data Information Package.

## Questionnaire Development and Administration

First, a description of the development and administration of the questionnaires is provided below. Second, what data were needed to address the research subproblems and how the data were obtained and treated is explained.

Questionnaire development. Particular considerations led to the development of the questionnaires. First, the validation of skills from CABS was approached from two vantage points in subproblems one and three. Subproblem one sought answers to whether the 78 skills from CABS were applicable to and required by adults having mental handicaps to function effectively in Alberta society, with no differentiation between levels of mental handicap considered. The reason for asking this question was to determine the overall applicability and relevancy of the skills, but at the same time an anticipation was that some of the skills might not be validated and thus be deleted in an initial review of applicability to persons with mental handicaps in general. Subproblem three did include a consideration of different levels of mental handicaps and asked whether people with mild, moderate or severe mental handicaps were perceived as having a probability of attaining the skills. This question was posed because even if a skill was considered relevant and applicable in general, the skill would also have to be considered achievable before being included as a validated skill in the Profile of Basic Skills for Adults with Mental Handicaps. Subproblem three required a rigorous exploration of the skills because three levels of mental handicap would need to be considered. Therefore, prior to asking participants to appraise the probability that skills could be attained by persons with different levels of mental handicaps, an endeavour was made through subproblem one to narrow the cadre of skills presented. The results from subproblem one, questionnaire one, were tabulated prior to constructing questionnaire two containing subproblem three.

Second, taken in combination, the number of decisions required by participants in the questionnaire phases of the study addressing all research subproblems totalled 630 (details of this compilation are found in this chapter under "the data needed" by research subproblem). The task would not have been manageable if all four research subproblems were dealt with in one questionnaire. Therefore the subproblems which required a similar decision-making process were grouped.

The subproblems requiring a consideration of skills as they related to adults with mental handicaps in **general** were posed in questionnaire one; and the subproblems which required consideration of the skills as they pertained to adults having **different levels of mental handicap, either mild, moderate or severe** were presented in questionnaire two.

The four research subproblems, therefore, were grouped in two separate questionnaires to reduce demands on respondents' time; facilitate ease and efficiency of decision-making on the part of study participants; and in so far as subproblem one was concerned, to enable the gathering of data needed to construct questionnaire two.

Third, another consideration in developing the questionnaires related to an endeavour to focus data collected. To achieve this, a constraint was placed on participants' responses in sections of both questionnaires. In questionnaire one, participants were asked to choose the **one** primary need area which they perceived would be helped the most by possessing a skill. In questionnaire two, participants were asked to choose the **one** primary source of assistance who they perceived would be the most instrumental in helping adults learn each skill. Choices were limited in this fashion for the questionnaire phases of data collection in anticipation that a concentration of focal need areas and source of assistance groups would be identified. In the absence of such constraints, a possibility remained that data gathered might be multifarious.

Fourth, each questionnaire was piloted, in separate sessions, with members of the Transitional Vocational Program at Alberta Vocational Centre, who were instructors in basic living skills programs serving people with mental handicaps.

An addition was made to the instructions for questionnaire one as a result of the piloting session. When considering subproblem one, the applicability of skills to adults with mental handicaps in general, pilot participants encountered some skills which they perceived could be learned, and thus in their opinion apply, only to higher functioning adults. Accordingly, the pilot participants questioned whether they ought to indicate on questionnaire one that the skills were considered applicable to adults with mental handicaps as a group. After consulting with members who piloted the questionnaire and explaining that their area of concern, probability of skill attainment by persons with different levels of handicap, would be considered in questionnaire two, an addition was made to the instructions for questionnaire one. This addition suggested that respondents ought to consider a skill as applicable to adults with mental handicaps, even if they perceived that the skill may be applicable in some cases only to adults with milder mental handicaps. In this manner, the objective of questionnaire one to determine which adult basic skills were considered relevant to adults with mental handicaps in general was maintained. When skills were considered in questionnaire two in terms of the probability that they could be attained by individuals with either mild, moderate or severe mental handicaps, at that time the skills which respondents perceived could probably not be acquired by the lower functioning persons would be subject to deletion for that category of person.

No amendments, deletions or additions were required for questionnaire two following the piloting session.

Questionnaire administration. To collect the data, each of the two questionnaires was administered and retrieved in separate one day sessions, one week apart. The purpose, anticipated outcomes of the study and a review of the written instructions regarding how to complete the questionnaires were given verbally to all participants at six work sites of the St. Paul and District Association for the Handicapped. In some cases, one individual or pairs of individuals were on site to complete the questionnaires; in other cases groups of up to seven persons assembled to participate in the questionnaire phases. Participants required between one and two hours to complete the questionnaires. Association staff assisted in scheduling questionnaire administration.

Questionnaire One - Phase One

Questionnaire one, representing phase one of the data collection, addressed subproblems one and two:

1. What are the basic skills required by adults with mental handicaps to function in Alberta society? and;
2. Which basic skills facilitate meeting each basic need?

An example of how the subproblems were presented in questionnaire one is shown in Figure 4.

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? | | The Skill Helps to Meet Which Need? (Please "X" One Need) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No ↓ | Yes → | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
| 1. Practice Personal Hygiene | | | | | | | | | | | | |
| 2. Recognize and Act Upon Symptoms of Illness | | | | | | | | | | | | |
| 3. Responsibly Use Drugs and/or Alcohol | | | | | | | | | | | | |
| 4. Practice Traffic Safety | | | | | | | | | | | | |
| 5. Use Emergency First Aid Techniques | | | | | | | | | | | | |
| 6. Store and Handle Food Safely | | | | | | | | | | | | |
| 7. Assist in Maintenance of the Health and Safety of the Community | | | | | | | | | | | | |

Figure 4. Presentation of subproblems 1 and 2 in questionnaire one.

A matrix showing what data were needed, the means of obtaining the data and the treatment of the data for both questionnaires is shown in Figure 5 and is followed by an explanation of the activities undertaken.

**Data Matrix - Questionnaires**

| | Data Needed | Data Obtained | Data Treated |
|---|---|---|---|
| Questionnaire 1 | | | |
| *Subproblem 1*<br>Skills Applicable? | Opinions<br>Yes/No | Closed, forced-choice question | Yes/No sums<br>Validation %<br>Data Info Pkg |
| Additional Skills? | Identify Skills | Open-ended question | Skills added<br>Balance of Study |
| *Subproblem 2*<br>Need helped by skill? | Perceptions<br>Need/Skill Relationships | Closed, forced-choice question | Frequency Counts<br>Needs/Skills<br>Bar Graphs<br>Data Info Pkg |
| Questionnaire 2 | | | |
| *Subproblem 3*<br>Probability of skill attainment? | Judgments of skill attainment | 5-point Likert-type question | Responses<br>Means<br>Bar Graphs<br>Data Info Pkg |
| *Subproblem 4*<br>Primary source of assistance? | Beliefs re Sources of Assistance | Closed, forced-choice question | Frequency Counts<br>Sources<br>Bar Graphs<br>Data Info Pkg |

Figure 5. Matrix of data needed, obtained, and treated for questionnaires one and two.

Questionnaire One (Phase One) - Subproblem One

The first subproblem was to determine what basic skills are required by adults with mental handicaps to function effectively in Alberta society. This subproblem was addressed using a validation approach which examined the applicability of given basic skills from CABS to adults with mental handicaps.

The data needed. The data needed to respond to subproblem one were: (a) the opinions of workers relative to the applicability of skills from the CABS listing to adults having mental handicaps; and (b) the identification of additional skills deemed necessary for adults with mental handicaps to function in Alberta society, which were not included in the CABS listing. Respondents were required to make 78 decisions to provide this data, since each of the 78 given basic skills had to be considered for applicability and relevance to adults with mental handicaps. Those participants who did identify additional skills perceived relevant to adults with mental handicaps which were not found in the given skills listing provided more than 78 responses.

The means of obtaining the data. The opinions of the study participants were gathered through the administration of questionnaire one using both a closed, forced-choice question and an open-ended item.

The closed, forced-choice question asked respondents to indicate their opinion regarding whether or not the 78 given basic skills from CABS were applicable to and required by adults with mental handicaps to function effectively in Alberta society by choosing either a Yes or No response.

The open-ended question asked participants to list any additional basic skills they felt were applicable to and required by adults with mental handicaps to function effectively in Alberta society which were not included in the CABS listing. At the same time, participants were asked to identify which of the ten given basic needs would be helped the most by the acquisition of the newly identified skills.

The treatment of the data. The number of Yes and No responses to the closed, forced-choice question relating to skills considered applicable to and required by adults with mental handicaps to function effectively in Alberta society were counted. The sum of the responses was checked to ensure it equalled the number of completed questionnaires. The Yes responses were then converted to percent values of the total responses. These percentage figures for validated skills were subsequently reported in the Data Information Package (see Appendix C) for reference by the RAP members. Skills were listed in the Data Information Package in the order from those receiving the highest validation percentages down to those receiving the lowest validation percentages.

Furthermore, the responses to subproblem one were tabulated prior to constructing questionnaire two, because skills not validated were to be deleted from the listing of skills in questionnaire two. However, although some skills were validated by low percentages of respondents, none were considered by the total number of respondents as not applicable or relevant. Therefore, none of the 78 skills could be deleted from the listing of skills presented in questionnaire two. Also, one new skill was identified and it was added to the listing provided in questionnaire two. The analysis of subproblem one was undertaken in the one-week span which occurred between administering questionnaire one and constructing and administering questionnaire two.

The responses which identified new skills in the open-ended item were added to the listing of skills for adults with mental handicaps considered in questionnaire two.

Questionnaire One (Phase One) - Subproblem Two

The second subproblem was to determine which of the given adult basic skills would help meet each of the ten given basic human needs.

The data needed. The data needed to respond to subproblem two were the perceptions of the study participants with regard to which one of the ten given basic needs, from the St. Paul and District Association for the Handicapped needs listing, would be helped the most by the acquisition of each basic skill. Respondents were required to make another 78 decisions to provide this data; each of the 78 skills had to be considered for their relationship to helping meet one of the ten basic human needs.

The means of obtaining the data. The perceptions of the study participants were obtained by their answering a closed, forced-choice question in questionnaire one. The closed, forced-choice question asked respondents to indicate which one of the ten listed basic needs would be helped the most by the basic skills listed. Participants only considered skill/need relationships for those skills they had deemed applicable and relevant to adults with mental handicaps as described in subproblem one above.

The treatment of the data. The number of responses provided in each of the ten given need areas for each skill were counted. The frequency counts in the variously selected need areas were then represented on a bar graph for each skill. This data formed part of the Data Information Package prepared for the RAP members. The need which received the highest numbers of respondents choosing it as being helped the most by a skill determined the location of the skill data information sheet in the Data Information Package. For example, if the need for Food, Clothing and Shelter received the highest number of participants selecting it as the need helped the most by one of the skills, then the data information sheet for that skill was batched under Food, Clothing and Shelter in the Data Information Package. In this manner, the Data Information Package comprised ten batches of skill data information sheets: one batch for each need area. The decision to batch questionnaire data by need area was made because this study focused on what skills help to meet needs and subsequently A Profile of Skills for Adults with Mental Handicaps would be organized to show the skills which help to meet each of the ten need areas.

### Questionnaire Two - Phase Two

Questionnaire two, represented phase two of the data collection and addressed subproblems three and four:

3. What is the perceived probability that adults with mild, moderate or severe mental handicaps can attain each basic skill? and;

4. Who should be the primary source of assistance to people having mental handicaps in their endeavours to attain each basic skill?

The manner in which these subproblems were presented in questionnaire two is shown in Figure 6.

| Skill | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 1. Practice Personal Hygiene | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 2. Recognize and Act Upon Symptoms of Illness | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 3. Responsibly Use Drugs and/or Alcohol | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 4. Practice Traffic Safety | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

_Figure 6_. Presentation of subproblems 3 and 4 in questionnaire two.

A matrix showing what data were needed, the means of obtaining the data and the treatment of the data for both questionnaires is shown in Figure 5. An explanation of the activities undertaken for questionnaire two follows.

Questionnaire Two (Phase Two) - Subproblem Three

The third subproblem was to determine the likelihood that adults having mild, moderate or severe mental handicaps can attain each skill. This subproblem was addressed using a validation approach which examined whether adults with mental handicaps could achieve each skill.

The data needed. The data needed were the judgments of the respondents regarding the probability that adults with mild, moderate or severe mental handicaps could attain each of the 78 skills from CABS and the one new skill added to the listing by participants in questionnaire one. Given 79 skills, participants needed to make 237 decisions to provide the required data (79 skills considered for likelihood of attainment for three levels of mental handicap; 79 X 3 = 237).

The means of obtaining the data. The judgments of the participants were obtained by their answering a 5-point Likert-type scale question in questionnaire two. The 5-point Likert-type question asked respondents to indicate their judgment on a scale from 1 = Very Likely to 5 = Very Unlikely that persons having mild, moderate or severe mental handicaps could attain the skills from the CABS listing and the one skill added as a result of answers to the open-ended item in questionnaire one answering subproblem one. Three levels of mental handicap, mild, moderate and severe, were considered by respondents regarding the likelihood that skills could be attained by persons so handicapped.

The treatment of the data. Participants' responses were tabulated and converted into means of the five-point scale for each skill for each level of mental handicap. The means were illustrated in bar graph form and included in the Data Information Package for the RAP members.

## Questionnaire Two (Phase Two) - Subproblem Four

The fourth subproblem was to determine who the primary sources of assistance should be to persons with mild, moderate and severe mental handicaps in their endeavours to attain each basic skill.

The data needed. The data needed were the beliefs of the study respondents regarding who should be the primary source of assistance to persons having mild, moderate or severe mental handicaps in their efforts to acquire each of the 78 skills from CABS and the one new skill added by participants in questionnaire one. Given 79 skills, participants needed to make 237 decisions to provide the required data (79 skills considered for who the primary source of assistance ought to be for three levels of mental handicap; 79 X 3 = 237).

The means of obtaining the data. The beliefs of the study participants were obtained by their answering a closed, forced-choice question in questionnaire two. The question asked respondents to indicate their beliefs regarding who the one primary source of assistance should be for persons having mild, moderate or severe mental handicaps in their attempts to acquire the basic skills from CABS and the one skill added as a result of the open-ended item in questionnaire one. Choices for sources of assistance were given as Worker, Family, Community and Self. Definitions for each source were provided in questionnaire two as follows:

| | |
|---|---|
| Worker: | A worker in the field serving people with mental handicaps. |
| Family: | The family of the handicapped individual. |

| | |
|---|---|
| Community: | People in the community in which the person with a mental handicap is located. |
| Self: | The person with a mental handicap helping self. |

The treatment of the data. The responses of the study participants regarding whether Worker, Family, Community, or Self were considered the one primary source of assistance for each skill for each level of mental handicap were counted. The frequency counts for each source of assistance for each level of mental handicap were reported in a bar graph for each skill and included in the Data Information Package for the RAP members.

### Summary Comments

To administer each of the questionnaires, six different work sites of the St. Paul and District Association for the Handicapped were visited. Because data from preceding phases of collection were required to prepare for subsequent phases of data collection, the questionnaires were personally administered and collected in one day intervals by the researcher. To complete each of the questionnaires, participants required between one and two hours time.

The major product of Level One, comprising phases one and two of the data collection, was the Data Information Package. The information in this package guided the RAP participants in Level Two, phase three, of the data collection.

## Section Three - Level Two of Data Collection and Analysis

The second level of data collection was accomplished by conducting a two-day Review and Assessment Panel (RAP) session, which represented the third and final phase of data collection. The RAP session took place two weeks after the administration of questionnaire two. The data collected in this phase resulted in the major product of this research, a Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta. An explanation of how the RAP session was developed and administered and how data were collected and analyzed follows. The data collection process for Level Two is shown in Figure 7.

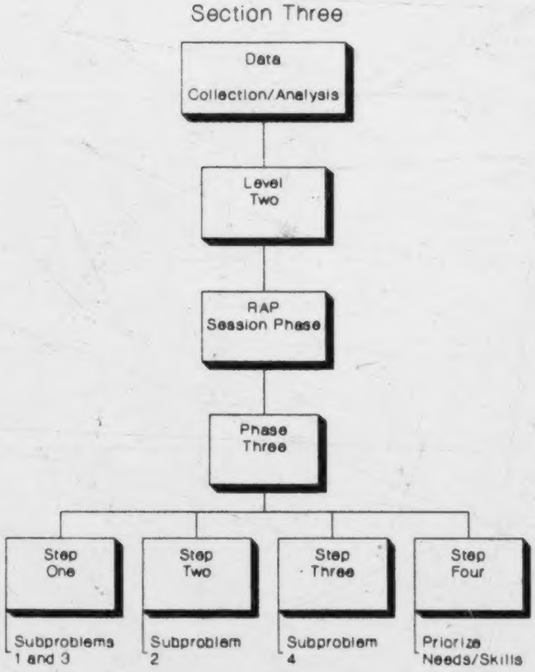

Section Three
Data Collection/Analysis
Level Two
RAP Session Phase
Phase Three
Step One
Step Two
Step Three
Step Four
Subproblems 1 and 3
Subproblem 2
Subproblem 4
Priorize Needs/Skills

Figure 7. Level Two of data collection and analysis.

## Review and Assessment Panel [RAP] Session Development and Administration

The rationale underlying the development of the RAP session and how it was administered follow.

RAP Session development. The RAP Session was developed using two components of the Competency Analysis Profile (CAP) System, created by Deane and Manual (Collett, et al, 1982).

Component one, development of the Profile, was undertaken within the condition of Imposed Structure Parameters. That is, the Profile of Basic Skills for Adults with Mental Handicaps was developed as an input to the existing structure developed in CABS and also guided by the questionnaire data collected in this study. Furthermore, RAP members were asked to limit their considerations to the factors addressed in this research: applicability of basic skills listed in this study to adults with mental handicaps, the skill/need relationships, the probability of skill attainment, and the sources of assistance. Yet, flexibility was allowed in that RAP members used the findings of the questionnaires as a guide. If, through group discussion, the members wished to deviate from the findings of the questionnaires, changes could be introduced as they constructed A Profile of Basic Skills for Adults with Mental Handicaps based on decisions that represented the consensus of the group. Furthermore, RAP members were not limited to choosing one need area helped the most by a skill, nor one source of assistance to help adults with mental handicaps attain a skill, as were questionnaire participants. Rather, RAP participants were asked to reach consensus on all the needs which they perceived were helped by each skill and identify all sources of assistance they perceived could play a meaningful role in helping adults attain each skill.

Component two, validation of the Profile, was undertaken by the RAP members insofar as they considered the results of the questionnaire data addressing research subproblems one (applicability of skills) and three (probability of skill attainment).

RAP Session administration. The manner in which the two-day RAP Session was administered in order to determine A Profile of Basic Skills for Adults With Mental Handicaps follows.

RAP members received the interpreted questionnaire data in a Data Information Package. This package was provided on the first day of the RAP session and used by Panel members as a guide in their decision-making process. Each skill had a dedicated data sheet in the Data Information Package; the skills were batched into the ten Basic Need areas on the criterion of which Basic Need the greatest number of respondents chose in the questionnaire phases as being helped the most by each skill. The Data Information Package provided for each skill:

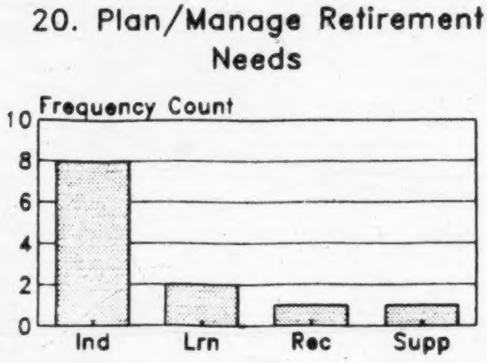
(a) percent values representing the number of questionnaire respondents who validated each skill;

(b) frequency counts of numbers of participants who chose various need areas as being helped the most by each skill;

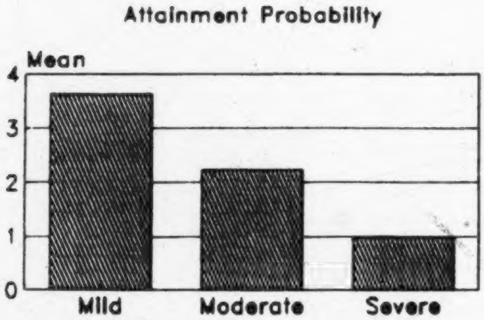
(c) statistical means of the perceived probability that adults with different levels of mental handicap could achieve each skill; and

(d) frequency counts of study participants who chose the various sources of assistance for each skill for each level of mental handicap.

Figure 8 shows an example of how data for each skill were illustrated in the Data Information Package.



Validated 32%



Scale 5-1 (Very Likely - Very Unlikely)

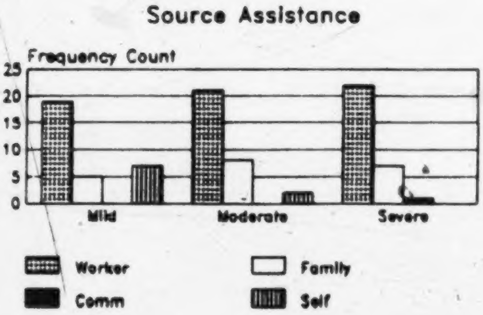


Figure 8. Questionnaire data presentation in Data Information Package.

Also, the following instructions were provided in writing to each Panel member along with the Data Information Package:

Review and Assessment Panel Session

1. Task:

To develop a Profile of Adult Basic Skills for People With Mental Handicaps considering the:

(a) needs which are helped by each skill;

(b) the probability that people with different levels of mental handicaps can attain each skill; and

(c) who should assist these persons to acquire the skills.

2. Approach:

1. Consider the validation percentage for each skill; be aware of this factor when considering the skill overall;
2. Consider attainability of skill for each level. Determine whether or not the skill should be included in the Profile for each level of mental handicap;
3. Consider the needs which are helped by the skill.
4. Consider sources of assistance. Determine which sources should be listed for each skill.

In advance of the RAP Session, three sets of 79 skill cards (237 cards) which were color-coded to depict each of the three levels of mental handicap, mild, moderate and severe, were prepared by the researcher. Each card bore the description of one of the 79 skills considered in this study along with the numerical designation of the skill which had appeared on the two questionnaires. The cards were kept in the order of skill designation numbers one through 79 so the skill cards could be easily located as each skill was considered by the RAP members. The reason for placing the numerical designations on the skill cards was that Panel members considered the skills in the order they appeared in the Data Information Package. Because the skills had been batched into Need areas, the numerical order in which skills appeared in the Data Information Package was no longer from one to 79. Also, three sets of ten cards, color-coded to depict each level of mental handicap, listing each of the ten basic human needs were prepared (30 cards).

The use of such profiling cards is a technique which was developed as part of the Competency Analysis Profile system, created by Deane and Manual (Collett, et al, 1982). This method is effective for organizing a profile and also facilitates and motivates participants in their task because as decisions are made and cards posted, the profile is built visually.

RAP members proceeded to work through the Data Information Package considering each skill and the corresponding questionnaire data.

A matrix showing what data were needed, the means of obtaining the data and treatment of the data during the RAP session is shown in Figure 9 and followed by an explanation of the activities undertaken.

**Data Matrix - RAP Session**

| | Data Needed | Data Obtained | Data Treated |
|---|---|---|---|
| Step One<br>*Subproblem 1*<br>Skills Applicable? | Opinions Yes/No | Considered Validation % Questionnaire 1 Data Info Pkg | → Determine Using Validation and Probability |
| *Subproblem 3*<br>Probability of skill attainment? | Judgments Yes/No | Appraised Probability Means Questionnaire 2 Data Info Pkg | Skill In/Out Profile |
| Step Two<br>*Subproblem 2*<br>Needs helped by skills? | Perceptions Needs/Skills Relationships | Considered Frequency Counts Questionnaire 1 Data Info Pkg | → Place Skills into Need Areas |
| Step Three<br>*Subproblem 4*<br>Primary Sources of Assistance? | Beliefs Sources of Assistance | Considered Frequency Counts Questionnaire 2 Data Info Pkg | → Record Sources for Each Skill |
| Step Four<br>Priorize Needs/Skills | Decisions to Priorize Needs Skills | Ordered Needs/Skills First to Last | → Profile Constructed |

Figure 9. Matrix of data needed, obtained and treated for RAP session.

## Step One (Phase Three) - Subproblems One and Three

The first subproblem required a determination of what basic skills are applicable to and required by adults with mental handicaps to function effectively in Alberta society. The third subproblem required a consideration of the likelihood that adults having mild, moderate or severe mental handicaps can attain each skill. These two subproblems were addressed concurrently by RAP members in order to construct the

Profile, because even if a skill was considered applicable, the skill also had to be perceived as attainable before being included in the Profile.

The data needed. The data needed to respond to subproblem one were the opinions of the RAP members regarding whether each of the 79 skills was applicable to adults having mild, moderate or severe mental handicaps. The data needed to respond to subproblem three were judgments regarding whether persons having mild, moderate or severe mental handicaps could attain each skill.

The means of obtaining the data. The Panel considered the validation percentage for each skill derived from responses to subproblem one in questionnaire one as provided in the Data Information Package. At the same time, Panel members appraised the opinions of the questionnaire respondents answering subproblem three in questionnaire two regarding the probability that people with different levels of mental handicaps could achieve each skill. Based on those two factors, the Panel decided whether a skill should be included in the Profile for adults having mild, moderate or severe mental handicaps.

The treatment of the data. When Panel members agreed that a skill ought to be in the Profile for adults with either mild, moderate or severe mental handicaps, the relevant skill card was located but held until determinations were made in Step Two.

### Step Two (Phase Three) - Subproblem Two

The second subproblem was to determine which of the skills would help to meet each of the ten given basic human needs.

The data needed. The data needed to respond to subproblem two were the opinions of the Panel members regarding which needs would be helped by the possession of each skill.

The means of obtaining the data. Referring to the Data Information Package, Panel members considered the questionnaire data regarding which of the ten need areas had been chosen by the greatest numbers of questionnaire respondents. Following discussion and guided but not bound by the questionnaire data, RAP members reached agreement about which needs would be helped if a person acquired each of the skills under consideration. The RAP Panel was not limited to selecting only one need; they could choose as many needs as they perceived were associated with each skill.

The treatment of the data. As the Panel determined the Basic Needs which were helped by each skill, the researcher posted the pertinent skill card on the wall under the relevant Need areas for each level of handicap, mild, moderate or severe. Step three then followed immediately.

Step Three (Phase Three) - Subproblem four

The fourth subproblem was to determine who the sources of assistance, from choices of worker, family, self and community, should be to help people with different levels of mental handicaps learn each skill.

The data needed. The data needed to respond to subproblem four were the consensus of the Panel regarding who the sources of assistance should be for each skill for adults having different levels of mental handicap.

The means of obtaining the data. The Panel members considered the data in the Data Information Package relative to sources of assistance for adults having mild, moderate or severe mental handicaps and agreed on who the sources of assistance should be for adults with each level of mental handicap. RAP participants were not limited to the number of sources who could be chosen, and for most skills indicated a first source of assistance, a second and sometimes a third.

The treatment of the data. The sources of assistance designated by RAP members to help persons having either mild, moderate or severe mental handicaps learn each skill were written by the researcher on the skill cards posted under Need areas. For example, if RAP members chose Worker as the first source, Self as the second, and Family as the third source of assistance, then the sources were recorded on the skill card, using abbreviations, as "Wrkr/Self/Fam".

### Step four (Phase Three) - Priorizing Needs and Skills

Once all skills had been placed under Need areas and sources of assistance designated for each skill, the Panel was asked to priorize both the need areas and the skills within each need area, in order of importance, to finalize the Profile.

The data needed. The data needed were the decisions of the RAP members with regard to which needs should be met first and which could be met last; and which skills within each need area should be learned first and which could be learned last in endeavours to meet each need.

The means of obtaining the data. The Panel ordered the need areas from those which should be met first to those which could be met last. At this stage, the Panel determined that the need Support from Community and Society had two meanings. This one need area was, therefore, retitled into the following two: Support from Community and Society (Provincial Policy - Program/Service Delivery and Financial Support) and Access to Community Resources (Local Community and Societal Support). The next task undertaken by RAP members was to priorize the skills within each need area in the order of perceived learning importance in helping to meet each need.

The treatment of the data. The need areas were given alphabetic designations from A to K; with A representing the need which should be met first, to K representing the need which could be met last. For example, the need area Health and Safety of Self and Others was designated as the third need in the listing of 11 needs and therefore was given "C" as its alphabetic label.

As the decisions were made with regard to importance of skills within each Need area, the skill cards were rearranged and numbered, including the alphabetic designation for the pertinent need area. For example, the skill Practice Proper Sanitation was the first skill associated with the "C" group of needs and therefore was labelled "C-1".

At the conclusion of the priorizing step, all profile cards were taken down from the wall and the skills associated with each need were kept in separate bundles. The data on the cards were then transcribed into A Profile of Basic Skills for Adults Living in Alberta, the major product of this research.

Summary Comments

All panel members provided input during the RAP session which reflected their experience with and knowledge of persons having mental handicaps. Through group discussion and group reasoning, consensus was reached for all aspects of the Profile within the parameters of this study.

Both days of the RAP session were intensive and panel members did show signs of fatigue each day by approximately 3:30 p.m. Slightly more than a day and a half was used to associate skills with Need areas and designate sources of assistance. The balance of the second day was used for priorizing need areas and the skills within each need area in orders of importance.

The researcher acted as a facilitator during the RAP session; posted skill cards under Need areas chosen by the panel; recorded on the skill cards the sources of assistance chosen by the RAP members for the three levels of mental handicap; and rearranged the cards at the direction of the RAP members in orders of Need and Skill importance.

## Summary

An effort has been made in this chapter to explain the research methodology and describe the data collection and analysis procedures.

Data sources were staff members of the St. Paul and District Association for the Handicapped, St. Paul, Alberta. Foundation source documents used in the design of the questionnaires were explained. The rationale underlying the development of the questionnaires and the organization of the RAP session were described.

The research design involved two levels and three phases of data collection: Level One - questionnaire administration and Level Two - a Review and Assessment Panel (RAP) session. The two levels of data collection represented three separate phases: questionnaire one, phase one; questionnaire two, phase two; and the Review and Assessment Panel (RAP) session, phase three.

The questionnaires were administered in two separate one-day sessions one week apart; the RAP session took place over a two-day period two weeks after the last questionnaire was administered.

Data from each phase served a purpose in subsequent data collection phases. Data from questionnaire one regarding which skills were considered applicable to adults with mental handicaps were required to form the listing of skills presented in questionnaire two. Therefore, data which resulted from answering subproblem one in questionnaire one were analyzed in the one-week period between administering the two questionnaires. The data from questionnaires one and two represented interim, building block data, for use as reference material by RAP members. Therefore, questionnaire data were analyzed and illustrated in a Data Information Package, the product of Level One and required for Level Two of data collection. This package was developed in the two-week period prior to collecting data in Level Two, the RAP session.

Subsequently, data in this study were of two kinds: questionnaire data and RAP data. Questionnaire data were considered interim, guiding information and were presented in the Data Information Package using simple descriptive statistics: frequency counts, means, and percent values. RAP data resulted in the major product of this research and were illustrated in a Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta chart.

# CHAPTER 4

# RESEARCH FINDINGS

## Introduction

The objective of the study was to develop a profile of basic skills applicable to and achievable by adults who have mental handicaps living in Alberta. The possession of the skills in the Profile were perceived by workers in the field participating in this research as skills which could help adults so impaired meet their basic needs and integrate into society equipped, within their capabilities, to fulfil adult roles. In addition, the Profile which resulted from this study indicated who the sources of assistance should be to help persons with each of the three levels of mental handicaps learn the various skills.

This research was designed and conducted using a two-level data gathering process and subsequently resulted in findings of two types: (a) findings obtained from the administration of questionnaires to serve the purpose of an interim information base for Review and Assessment Panel (RAP) members and (b) findings which represent the decisions of the RAP members used to construct a Profile of Basic Skills for Adults with Mental Handicaps Living in Alberta.

The first level of data gathering was accomplished by administering two questionnaires. The data obtained were of an interim, building block nature and comprised an information base for RAP respondents participating in the second level of data gathering. The findings from the questionnaire data were analyzed and illustrated in a Data Information Package (see Appendix C) prior to conducting the second level of data gathering.

The second level of data gathering occurred in a two-day RAP session. The eight members of the Panel were guided, but not bound, by the interim questionnaire findings in their determination of a profile of basic skills. The findings from the second level of RAP data collection resulted in the major product of this research, a Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta.

Consistent with the two-level data collection procedure, the findings of the study are reported upon in this chapter in two stand-alone sections: Section One - Questionnaire Findings and Section Two - Review and Assessment Panel (RAP) Findings as shown in Figure 10. Each section reports relevant findings in two segments. The questionnaire findings shown in the Data Information Package are overviewed and supplemented by summaries organized by research subproblem. The RAP findings were coalesced in the Profile of Basic Skills for Adults With Mental Handicaps chart and also discussed in summaries by research subproblem.

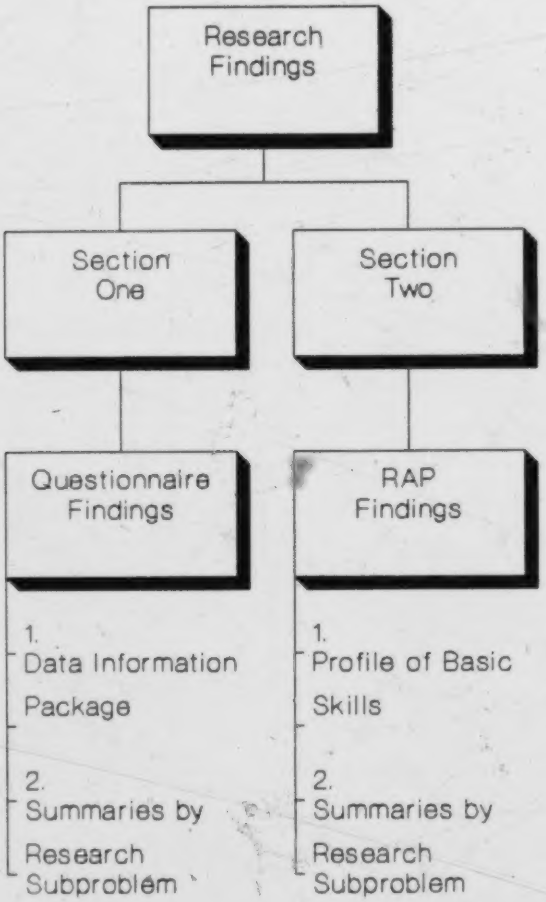

Research Findings
Section One
Section Two
Questionnaire Findings
RAP Findings
1. Data Information Package
2. Summaries by Research Subproblem
1. Profile of Basic Skills
2. Summaries by Research Subproblem

Figure 10. Organization for reporting Research Findings in two sections in Chapter 4.

## Section One - Questionnaire Findings

The major purpose of the questionnaire findings was to provide a guide to the RAP members in their development of a Profile of Basic Skills for Adults with Mental Handicaps. First, an overview of how the questionnaire findings were presented in the Data Information Package is provided below. Second, summaries of the questionnaire findings not readily identifiable in the Data Information Package are presented by research subproblem.

### Overview of Data Information Package

The questionnaire findings were presented in a Data Information Package (see Appendix C) to the RAP members. This Package comprised a dedicated sheet for each skill and illustrated the questionnaire findings as follows.

Subproblem one. The first research subproblem was:

**What are the basic skills required by adults with mental handicaps to function in age-appropriate roles in Alberta society?**

Participants responded to this question in questionnaire one by considering a listing of 78 skills derived from the Alberta Catalogue of Adult Basic Skills (CABS) study (Collett, et al, 1982) and indicating whether they felt the skills were applicable to and required by adults having mental handicaps to function in Alberta society. The numbers of respondents answering the question affirmatively were converted into validation percentage values of the total number of participants and reported in the Data Information Package.

Subproblem two. The second research subproblem was:

**Which basic skills facilitate meeting each basic human need?**

Respondents answered this question in questionnaire one by choosing the one need area which they perceived would be helped the most by each skill. The number of responses indicating that a skill was associated with certain need areas was counted and then shown in a bar graph format in the Data Information Package. The Package was organized into ten sections, one for each need area, because subsequently the Profile of Basic Skills would be organized by need area. The need chosen for each skill by the greatest numbers of participants designated the placement of the skill data sheet in the corresponding need section. For example, the skill Practice Personal Hygiene was associated with four need areas: (a) Acceptance and Value as a Person, (b) Health and Safety of Self and Others, (c) Learning New Skills, Knowledge and Attitudes, and (d) Independence and Control Over Own Life. Because the need Acceptance and Value as a Person was chosen by the greatest number of questionnaire respondents as the need facilitated by the skill Practice Personal Hygiene, the questionnaire data for this skill was included in the need section Acceptance and Value as a Person.

Subproblem three. The third research subproblem was:

**What is the perceived probability that adults with mild, moderate or severe mental handicaps can attain each basic skill?**

Participants answered this question in questionnaire two by indicating their opinion on a five-point Likert-type scale from Very Likely to Very Unlikely that persons having mild, moderate or severe mental handicaps could attain each skill. The data were weighted on a scale of 5 = Very

Likely to 1 = Very Unlikely and the values derived were converted to reflect means for skill attainment probability for each level of mental handicap and depicted in bar graph format in the Data Information Package.

Subproblem four. The fourth subproblem was:

**Who should be the primary source of assistance to people having mental handicaps in their endeavours to attain each basic skill?**

Participants responded to this question in questionnaire two by selecting the one primary source of assistance whom they perceived should help adults learn each skill from the choices of: Worker (a worker in the field serving people with mental handicaps), Family (the family of the handicapped individual), Self (the person with a mental handicap helping self) and Community (people in the community in which the person with a mental handicap is located).

The frequency counts showing the numbers of participants choosing each source of assistance who should help people with mild, moderate or severe mental handicaps attain each skill were represented in bar graph format in the Data Information Package.

Summaries of questionnaire findings not readily identifiable or accessible in the Data Information Package format follow by research subproblem.

## Questionnaire One Findings - Subproblem One

The first subproblem was:

**What are the basic skills required by adults with mental handicaps to function in age-appropriate roles in Alberta society?**

In the following, the skills which were validated from the CABS listing are discussed and the one skill which was added by questionnaire participants is identified.

Skills validated. All of the 78 skills were validated by the participants. Percentages of respondents validating the various skills ranged from 100 percent to 29 percent. Fifty-six percent of the skills listed (44 out of 78) were validated by between 90 and 100 percent of the study respondents; 81 percent of the skills (63 of 78) were validated by over 70 percent of the participants. Only three skills fell below 50 percent of the questionnaire respondents perceiving them as applicable to and required by adults with mental handicaps. Figure 11 shows the numbers of skills validated by percentages of questionnaire respondents.

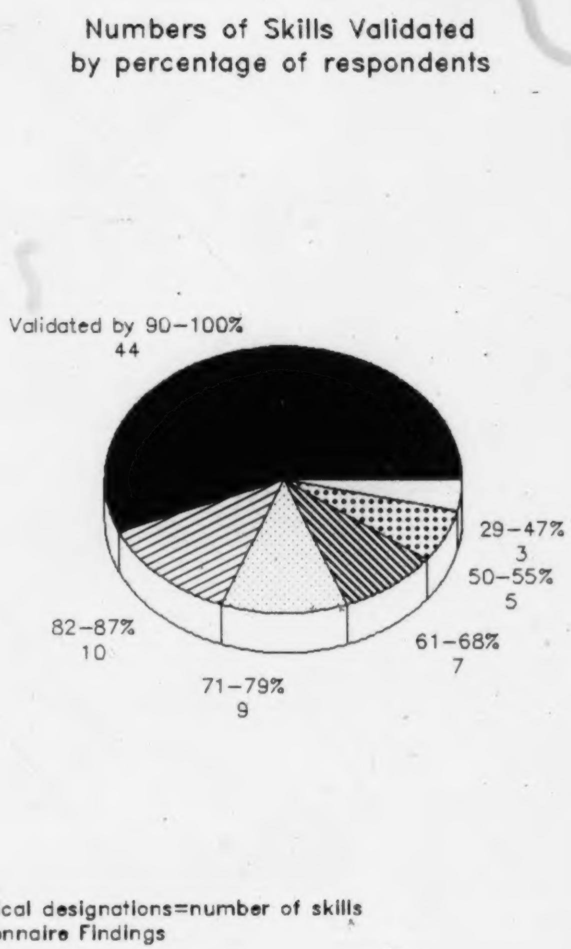


Figure 11. Numbers of skills validated by percentage of questionnaire respondents.

A listing of the skills with corresponding validation percentages representing the findings from subproblem one is shown in Table 1.

Table 1

Percentages of Questionnaire Respondents Validating Skills

| Validation Percentage | Skill |
|---|---|
| 100% | Practice Personal Hygiene |
| | Recognize and Act Upon Symptoms of Illness |
| | Practice Proper Sanitation |
| | Keep A Job (Meet Job Requirements) |
| | Abide By The Law |
| | Respond to And Help Others |
| | Be Considerate of the Morals and Values of Others |
| | Practical Thinking |
| 97% | Store and Handle Food Safely |
| | Recognize and Act Upon Unsafe Conditions |
| | Identify and Interpret Safety Symbols |
| | Find, Apply For And Get A Job |
| | Plan and Use Leisure Time |
| | Recognize The Need For and the Application of Self Discipline |
| | Motivate Self Developing A Positive Self Image |
| | Responsible and Accountable For Own Actions/Behaviour |
| | Recognize Personal Physical Needs |
| | Understand Self As A Learner |
| | Understand the Learning Environment |
| | Utilize Various Learning Methods |
| | Recall and Apply Data To New Situations |
| 95% | Responsibly Use Drugs and/or Alcohol |
| | Plan and Prepare Nutritious Meals |
| | Implement Budget: Be Effective in Purchasing Goods/Services |
| | Understand/Exercise Rights Responsibilities and Privileges of a Citizen |
| | Assert Self (Stand Up For What You Believe) |
| | Participate in Verbal Communication Including Sign Language |

Table 1

Percentages of Questionnaire Respondents Validating Skills (continued)

| Validation Percentage | Skill |
|---|---|
| 93% | Manage Self As A Learner |
| | Problem Solving |
| 92% | Practice Traffic Safety |
| | Plan A Budget |
| | Implement Budget: Use Banking Services Effectively |
| | Meet Transportation Needs |
| | Recognize and Deal With Emotions |
| | Adapt to Change |
| | Be Accepting of Other's Positions and Compromise Appropriately |
| | Read and Interpret Signs and Labels |
| 90% | Use Emergency First Aid Techniques |
| | Obtain Knowledge of Occupational Options |
| | Determine If Job Meets Personal Expectations/Responsibilities |
| | Obtain/Maintain Accommodation (Through Renting/Buying/Building) |
| | Understand Purpose of Laws and Effects on Individual |
| | Utilize Community Resources |
| | Acquire Interpersonal Skills |
| 87% | Identify With Needs/Roles of Others in Relation to Job |
| | Maintain Records (e.g. Checking Account, Immunization, Health Records) |
| | Cope With Crisis Situations |
| | Perform Basic Mathematical Operations |
| 84% | Parent Effectively |
| 82% | Acquire Marketable Skills |
| | Meet the Needs of Spouse |
| | Seek and Use Legal Assistance As Needed |
| | Recall Ideas and Information |
| | Apply Basic Mathematical Operations |
| 79% | Plan A Family |
| | Participate in Community Affairs |
| | Recognize and Maintain Personal Mental Needs |
| 76% | Recognize Achievement In Others |

Table 1

Percentages of Questionnaire Respondents Validating Skills (continued)

| Validation Percentage | Skill |
|---|---|
| 74% | Perform Mathematical Calculations Using Electro Mechanical Aids |
| 71% | Assess Own Occupational Potential<br>Recognize Influences of Personal Culture, Tradition, and Customs<br>Appreciate Cultural Differences<br>Read for Comprehension |
| 68% | Implement Budget: Use Credit Effectively<br>Meet Insurance Needs |
| 66% | Understand Deduction and Benefit Packages Available |
| 63% | Plan and Manage Occupational Advancement/Development<br>Participate in Appropriate Job Related Affiliations and Organizations |
| 61% | Assume Responsibility for Individuals With Special Needs<br>Interpret Graphical, Pictorial, and Symbolic Information |
| 55% | Develop An Estate Plan |
| 53% | Interpret Current Events |
| 52% | Write To Express An Idea Or Convey Information<br>Communicate Using Electro-Mechanical Aids |
| 50% | Assist in the Maintenance of the Health and Safety of the Community |
| 47% | Manage Mobility (Effect of Moving on Family) |
| 32% | Plan and Manage Retirement |
| 29% | Understand, Identify and Cope With Taxation Process |

Skill added. Questionnaire participants were also asked to list additional adult basic skills for people with mental handicaps that were not included in the original listing of skills, but which they perceived were necessary for these individuals to function effectively in Alberta society. One skill was added by the questionnaire participants:

-Understand and Deal With Personal Relationships Including Sexuality.

Questionnaire One Findings - Subproblem Two

The second research subproblem was:

Which basic skills facilitate meeting each basic human need?

The predominant need areas associated with the skills and the number of skills allocated to predominant need areas are discussed in the following.

Predominant need areas associated with skills. In some cases, more than one need area was associated with a skill. Where the association with a need area was high in relation to other need areas identified, that need area was identified as predominant. For example, the skill Practice Personal Hygiene was associated by the greatest number of respondents with the need Acceptance and Value as a Person. However, this skill was also associated with the need Health and Safety of Self and Others by almost as many questionnaire respondents as those who chose Acceptance and Value as a Person. Two other need areas, Independence and Control Over Own Life and Learning New Skills, Knowledge and Attitudes, were also chosen for this skill, but by notably fewer respondents. Therefore, the skill Practice Personal Hygiene was associated with two predominant need areas.

Although the skill/need relationships are shown in the Data Information Package, for accessible reference Table 2 summarizes the **predominant** need areas associated with each skill from answers to subproblem two.

Table 2

Predominant Need Areas Associated With Each Skill

| Predominant Need Area | Skill |
|---|---|
| Support from the Community and Society | Utilize Community Resources |
| | Participate in Community Affairs |
| | Participate in Appropriate Job Related Affiliations and Organizations |
| Food, Clothing and Shelter | Plan and Prepare Nutritious Meals |
| | Obtain/Maintain Accommodation-Through Renting/Buying/Building |
| Health and Safety of Self and Others | Practice Proper Sanitation |
| | Recognize and Act Upon Symptoms of Illness |
| | Identify and Interpret Safety Symbols |
| | Recognize and Act Upon Unsafe Conditions |
| | Store and Handle Food Safely |
| | Responsibly Use Drugs and/or Alcohol |
| | Read and Interpret Signs and Labels |
| | Practice Traffic Safety |
| | Use Emergency First Aid Techniques |
| | Assist in Maintenance of the Health and Safety of the Community |
| | Practice Personal Hygiene |
| | Recognize and Maintain Personal Mental Needs |
| | Meet Insurance Needs |

Table 2

Predominant Need Areas Associated With Each Skill (continued)

| Predominant Need Area | Skill |
|---|---|
| Friendships and Loving Relationships | Respond To and Help Others |
| | Understand and Deal With Personal Relationships Including Sexuality |
| | Acquire Interpersonal Skills |
| | Parent Effectively |
| | Meet the Needs of Spouse |
| | Plan A Family |
| | Recognize Achievement in Others |
| | Manage Mobility (Effect of Moving on Family) |
| | Be Considerate of Morals/Values of Others |
| Physical and Psychological Recreation | Recognize Personal Physical Needs |
| | Plan and Use Leisure Time |
| | Recognize and Maintain Personal Mental Needs |
| Learning New Skills, Knowledge and Attitudes | Understand the Learning Environment |
| | Utilize Various Learning Methods |
| | Recall and Apply Data to New Situations |
| | Participate in Verbal Communication Including Sign Language |
| | Understand Purpose of Laws and Effects on Individual |
| | Perform Basic Mathematical Operations |
| | Recall Ideas and Information |
| | Apply Basic Mathematical Operations |
| | Read for Comprehension |
| | Interpret Graphical, Pictorial and Symbolic Information |
| | Interpret Current Events |
| | Understand/Identify/Cope With Taxation Process |
| | Read and Interpret Signs and Labels |
| | Acquire Interpersonal Skills |
| | Obtain Knowledge of Occupational Options |
| | Identify With Needs/Roles of Others in Relation to Job |
| | Practical Thinking |

Table 2

*Predominant Need Areas Associated With Each Skill (continued)*

| Predominant Need Area | Skill |
|---|---|
| Learning New Skills, Knowledge and Attitudes | Understand Self As A Learner |
| | Manage Self As A Learner |
| | Adapt to Change |
| | Perform Mathematical Calculations Using Electro-Mechanical Aids |
| | Meet Insurance Needs |
| | Write to Express An Idea or Convey Information |
| Meaningful and Productive Activity (Work, etc.) | Keep A Job (Meet Job Requirements) |
| | Find, Apply For and Get a Job |
| | Determine if Job Meets Personal Expectations and Responsibilities |
| | Obtain Knowledge of Occupational Options |
| | Identify With Needs and Roles of Others in Relation to Job |
| | Acquire Marketable Skills |
| | Plan and Manage Occupational Advancement/Development |
| Acceptance and Value as a Person | Practice Personal Hygiene |
| | Motivate Self-Developing a Positive Self Image |
| | Assert Self (Stand Up For What You Believe) |
| | Be Accepting of Other's Positions and Compromise Appropriately |
| | Assume Responsibility for Individuals With Special Needs |
| | Respond To and Help Others |
| | Acquire Interpersonal Skills |
| | Recognize and Maintain Personal Mental Needs |
| | Appreciate Cultural Differences |
| | Recognize Influences of Personal Culture, Traditions and Customs |
| | Responsible and Accountable for Own Actions and Behaviours |

Table 2

Predominant Need Areas Associated With Each Skill (continued)

| Predominant Need Area | Skill |
|---|---|
| Moral and Spiritual Development | Be Considerate of the Morals/Values of Others |
| | Abide By the Law |
| | Recognize and Deal With Emotions |
| | Recognize and Maintain Personal Mental Needs |
| | Appreciate Cultural Differences |
| | Recognize Infuences of Personal Culture, Traditions and Customs |
| Independence and Control Over Own Life | Practical Thinking |
| | Responsibly Use Drugs and/or Alcohol |
| | Responsible/Accountable for Own Actions/Behaviours |
| | Recognize Need for and the Application of Self Discipline |
| | Understand Self As A Learner |
| | Understand and Exercise Rights, Responsibilities and Privileges of a Citizen |
| | Implement Budget: Be Effective in Purchasing Goods and Services |
| | Problem Solving |
| | Manage Self As A Learner |
| | Adapt to Change |
| | Meet Transportation Needs |
| | Implement Budget: Use Banking Services Effectively |
| | Plan A Budget |
| | Cope With Crisis Situations |
| | Maintain Records (e.g. Checking Accounts, Immunization and Health Records) |
| | Seek and Use Legal Assistance As Needed |
| | Perform Mathematical Calculations Using Electro-Mechanical Aids |
| | Assess Own Occuptional Potential |
| | Meet Insurance Needs |
| | Implement Budget: Use Credit Effectively |
| | Understand Deduction/Benefit Packages Available |

Table 2

Predominant Need Areas Associated With Each Skill (continued)

| Predominant Need Area | Skill |
|---|---|
| Independence and Control Over Own Life | Plan/Manage Occupational Advancement/ Development |
| | Develop An Estate Plan |
| | Write to Express An Idea or Convey Information |
| | Communicate Using Electro Mechanical Aids |
| | Plan and Manage Retirement |
| | Manage Mobility (Effect of Moving on Family) |
| | Recall and Apply Data To New Situations |
| | Participate in Verbal Communication Including Sign Language |
| | Understand Purpose of Laws and Effects on Individual |
| | Read for Comprehension |
| | Interpret Graphical, Pictorial and Symbolic Information |
| | Abide By the Law |
| | Recognize and Maintain Personal Mental Needs |

Numbers of skills designated to each need area. Some need areas were associated with more skills than were others. Based on a count of the skills designated to predominant need areas shown in Table 2, the trends shown in Table 3 emerged regarding which needs were allocated greater to lesser numbers of skills.

Independence and Control Over Own Life and Learning New Skills, Knowledge and Attitudes were the two need areas with the largest number of skills allocated. Food, Clothing and Shelter, Support from the Community and Society and Physical and Psychological Recreation had the fewest numbers of skills designated.

Table 3

Number of Skills Associated with Predominant Need Areas

| Number of Skills | Need Area |
|---|---|
| 34 | Independence and Control Over Own Life |
| 23 | Learning New Skills, Attitudes and Behaviours |
| 13 | Health and Safety of Self and Others |
| 11 | Acceptance and Value As A Person |
| 9 | Friendships and Loving Relationships |
| 7 | Meaningful and Productive Activity (work, etc.) |
| 6 | Moral and Spiritual Development |
| 3 | Physical and Psychological Recreation |
| 3 | Support from the Community and Society |
| 2 | Food, Clothing and Shelter |

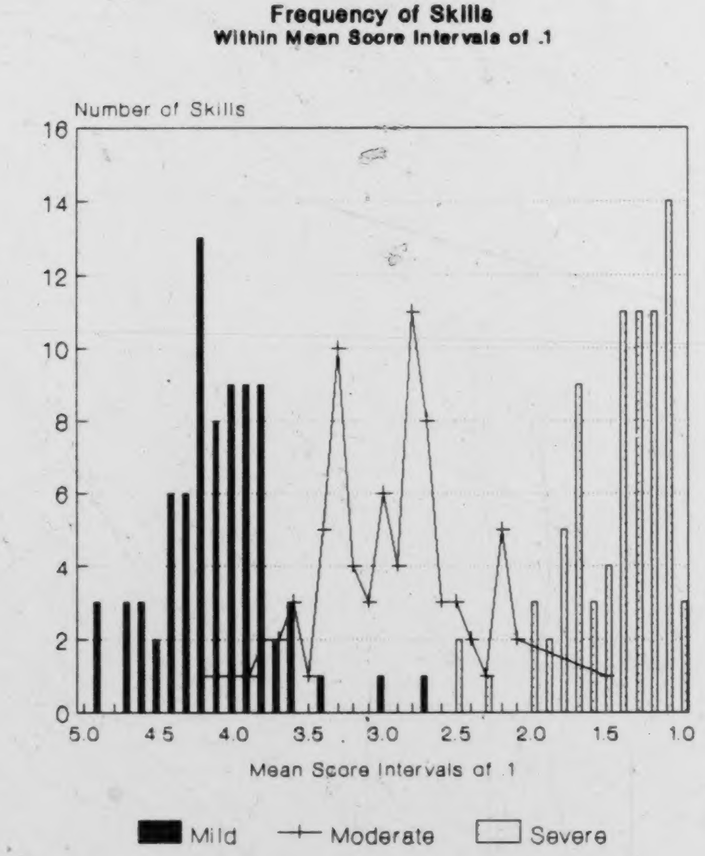
## Questionnaire Two Findings - Subproblem Three

The third research subproblem was:

**What is the perceived probability that adults with mild, moderate or severe mental handicaps can attain each basic skill?**

First, the frequency of skills within mean score intervals of .1 indicating the perceived probability skills can be attained on a scale of 5 = Very Likely to 1 = Very Unlikely is shown in Figure 12, and second the skill attainment means are shown in Table 4.

Frequency of skills within mean score intervals of .1. The trend was adults with: mild mental handicaps were perceived as having a high likelihood of acquiring skills; moderate mental handicaps were perceived as having a mid-range probability of acquiring skills; and severe mental handicaps were perceived as having a low probability of acquiring skills.



Means: 5=Very Likely to 1=Very Unlikely
Questionnaire Findings

Figure 12. Frequency of skills within mean score intervals of .1 on an attainment scale of 5 = Very Likely to 1 = Very Unlikely.

Probability of skill attainment means. Table 4 shows the probability of skill attainment means for each skill by level of mental handicap representing the findings from subproblem three.

Table 4

Probability of Skill Attainment Means

(based on a scale of 5 = very likely to 1 = very unlikely)

| Skill | Mean | | |
|---|---|---|---|
| | Mild | Moderate | Severe |
| Practice Personal Hygiene | 4.90 | 4.19 | 2.29 |
| Recognize and Act Upon Symptoms of Illness | 4.67 | 3.58 | 1.74 |
| Responsibly Use Drugs and/or Alcohol | 4.51 | 3.25 | 1.36 |
| Practice Traffic Safety | 4.93 | 4.12 | 1.80 |
| Use Emergency First Aid Techniques | 3.93 | 2.64 | 1.20 |
| Store and Handle Food Safely | 4.87 | 3.93 | 1.36 |
| Assist in the Maintenance of the Health and Safety of the Community | 4.26 | 2.80 | 1.16 |
| Recognize and Act Upon Unsafe Conditions | 4.41 | 3.32 | 1.38 |
| Practice Proper Sanitation | 4.67 | 3.80 | 1.80 |

Table 4

Probability of Skill Attainment Means (continued)

(based on a scale of 5 = very likely to 1 = very unlikely)

| Skill | Mean | | |
|---|---|---|---|
| | Mild | Moderate | Severe |
| Identify and Interpret Safety Symbols | 4.74 | 3.67 | 1.74 |
| Obtain Knowledge of Occupational Options | 4.35 | 3.00 | 1.26 |
| Assess Own Occupational Options | 3.90 | 2.54 | 1.12 |
| Acquire Marketable Skills | 4.43 | 3.03 | 1.46 |
| Find, Apply For And Get A Job | 4.22 | 2.90 | 1.16 |
| Keep A Job (Meet Job Requirements) | 4.41 | 3.32 | 1.32 |
| Determine If Job Meets Personal Expectations and Responsibilities | 4.16 | 2.67 | 1.06 |
| Identify With Needs/Roles of Others in Relation to Job | 4.16 | 2.83 | 1.29 |
| Plan and Manage Occupational Advancement/Development | 3.64 | 2.29 | 1.06 |
| Understand Deduction and Benefit Packages Available | 3.35 | 2.19 | 1.16 |
| Plan and Manage Retirement | 3.64 | 2.22 | 1.00 |
| Participate in Appropriate Job Related Affiliations and Organizations | 3.93 | 2.70 | 1.09 |
| Plan and Prepare Nutritious Meals | 4.61 | 3.74 | 1.32 |

Table 4

Probability of Skill Attainment Means (continued)

(based on a scale of 5 = very likely to 1 = very unlikely)

| Skill | Mean | | |
|---|---|---|---|
| | Mild | Moderate | Severe |
| Plan A Family | 3.80 | 2.12 | 1.03 |
| Parent Effectively | 3.77 | 2.16 | 1.06 |
| Meet the Needs of Spouse | 4.00 | 2.66 | 1.46 |
| Plan A Budget | 4.23 | 2.83 | 1.16 |
| Implement Budget: Use Banking Services Effectively | 4.16 | 2.93 | 1.13 |
| Implement Budget: Use Credit Effectively | 3.60 | 2.36 | 1.06 |
| Meet Transportation Needs | 4.54 | 3.19 | 1.29 |
| Implement Budget: Be Effective in Purchasing Goods and Services | 4.38 | 3.25 | 1.32 |
| Meet Insurance Needs | 3.77 | 2.19 | 1.09 |
| Obtain/Maintain Accommodation (Through Renting, Buying, Building) | 4.19 | 2.83 | 1.19 |
| Plan and Use Leisure Time | 4.58 | 3.38 | 1.38 |
| Understand, Identify and Cope With Taxation Process | 2.70 | 1.54 | 1.06 |
| Maintain Records (e.g. Checking Account, Immunization, Health Records) | 3.87 | 2.41 | 1.12 |
| Manage Mobility (Effect of Moving on Family) | 3.70 | 2.48 | 1.29 |

Table 4

Probability of Skill Attainment Means (continued)

(based on a scale of 5 = very likely to 1 = very unlikely)

| Skill | Mean | | |
|---|---|---|---|
| | Mild | Moderate | Severe |
| Develop An Estate Plan | 3.03 | 2.09 | 1.06 |
| Understand Purpose of Laws and Effects on Individual | 3.96 | 2.77 | 1.00 |
| Abide By the Law | 4.29 | 3.64 | 1.83 |
| Seek and Use Legal Assistance As Needed | 3.77 | 2.77 | 1.19 |
| Interpret Current Events | 3.74 | 2.64 | 1.19 |
| Understand/Exercise Rights, Responsibilities and Privileges of a Citizen | 3.96 | 2.83 | 1.29 |
| Participate in Community Affairs | 4.19 | 3.25 | 1.58 |
| Utilize Community Resources | 4.22 | 3.35 | 1.74 |
| Assume Responsibility for Individuals With Special Needs | 3.90 | 2.74 | 1.32 |
| Recognize the Need for and the Application of Self Discipline | 3.93 | 2.64 | 1.35 |
| Motivate Self Developing A Positive Self Image | 4.09 | 3.16 | 1.74 |
| Assert Self (Stand Up For What You Believe) | 4.19 | 3.12 | 1.53 |
| Responsible and Accountable for Own Actions and Behaviour | 4.35 | 3.58 | 1.80 |

Table 4

Probability of Skill Attainment Means (continued)

(based on a scale of 5 = very likely to 1 = very unlikely)

| Skill | Mean | | |
|---|---|---|---|
| | Mild | Moderate | Severe |
| Recognize Personal Physical Needs | 4.29 | 3.41 | 1.80 |
| Recognize and Maintain Personal Mental Needs | 3.87 | 2.80 | 1.16 |
| Recognize and Deal With Emotions | 4.06 | 3.29 | 1.70 |
| Recognize Influences of Personal Culture, Tradition, and Customs | 3.83 | 2.74 | 1.38 |
| Adapt to Change | 4.12 | 2.22 | 2.03 |
| Cope With Crisis Situations | 3.77 | 2.80 | 1.58 |
| Acquire Interpersonal Skills | 4.32 | 3.29 | 1.87 |
| Recognize Achievement in Others | 4.12 | 3.29 | 2.00 |
| Be Accepting of Other's Positions and Compromise Appropriately | 4.23 | 3.25 | 1.90 |
| Respond To and Help Others | 4.58 | 3.80 | 2.51 |
| Be Considerate of the Morals and Values of Others | 4.25 | 3.41 | 2.06 |
| Appreciate Cultural Differences | 4.00 | 3.09 | 1.74 |
| Understand Self As A Learner | 4.06 | 2.96 | 1.38 |

Table 4

Probability of Skill Attainment Means (continued)

(based on a scale of 5 = very likely to 1 = very unlikely)

| Skill | Mean | | |
|---|---|---|---|
| | Mild | Moderate | Severe |
| Manage Self As A Learner | 4.06 | 3.00 | 1.38 |
| Understand the Learning Environment | 4.00 | 2.93 | 1.25 |
| Utilize Various Learning Methods | 4.09 | 3.06 | 1.35 |
| Practical Thinking | 4.22 | 3.22 | 1.74 |
| Recall and Apply Data to New Situations | 3.96 | 3.03 | 1.45 |
| Problem Solving | 4.12 | 2.83 | 1.25 |
| Participate in Verbal Communication Including Sign Language | 4.22 | 3.54 | 2.45 |
| Recall Ideas and Information | 4.19 | 3.29 | 1.64 |
| Read and Interpret Signs and Labels | 4.32 | 3.41 | 1.74 |
| Read for Comprehension | 4.00 | 2.90 | 1.12 |
| Write to Express An Idea or Convey Information | 3.93 | 2.67 | 1.12 |
| Communicate Using Electro-Mechanical Aids | 3.87 | 3.06 | 1.70 |
| Perform Basic Mathematical Operations | 4.00 | 2.74 | 1.16 |

Table 4

Probability of Skill Attainment Means (continued)

(based on a scale of 5 = very likely to 1 = very unlikely)

| Skill | Mean | | |
|---|---|---|---|
| | Mild | Moderate | Severe |
| Apply Basic Mathematical Operations | 3.83 | 2.67 | 1.06 |
| Perform Mathematical Calculations Using Electro-Mechanical Aids | 3.83 | 3.16 | 1.35 |
| Interpret Graphical, Pictorial, and Symbolic Information | 3.77 | 2.51 | 1.16 |
| Understand and Deal With Personal Relationships Including Sexuality | 4.00 | 2.83 | 1.38 |

## Questionnaire Two Findings - Subproblem Four

The fourth subproblem was:

**Who should be the primary source of assistance to people having mental handicaps in their endeavours to attain each basic skill?**

The predominant choices for sources of assistance are summarized below.

Predominant choices for sources of assistance. Insofar as predominant choices for primary sources of assistance were concerned for:

(a) **persons having mild mental handicaps**, Worker was chosen as the primary source of assistance for 71 percent of the skills; followed by Self as the primary source of assistance for 28 percent of the skills, followed by Family as the primary source of assistance for one percent of the skills;

(b) **persons having moderate mental handicaps**, Worker was chosen as the primary source of assistance for 98 percent of the skills; and Family was chosen for two percent of the skills;

(c) **persons having severe mental handicaps**, Worker was chosen as the primary source of assistance for all of the skills.

Questionnaire findings have been discussed above. Review and Assessment Panel (RAP) findings follow in the next section.

## Section Two - Review and Assessment (RAP) Findings

RAP members reviewed and refined the questionnaire findings over a two-day period through in-depth consideration and discussion. The purpose of the resulting RAP findings was to provide information upon which **the major product of this research, a Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta**, could be constructed.

First, the manner in which the RAP findings are presented in the Profile chart is described and second, observations of the RAP findings by research question are provided.

### Overview of A Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta.

**The Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta** constructed by RAP participants and representing the major product of this research is enclosed in the inside back cover. Competency Analysis Profile (CAP) boxes were used to present the RAP decisions on the Profile. Answers to each of the research subproblems are shown in the following way.

Subproblem one. All selected **basic skills required by adults who have mild, moderate or severe mental handicaps to function in age-appropriate roles in Alberta society** are included in the Profile. The skills are color-coded for ready identification of which were considered applicable to adults with the different levels of mental handicap:

| | |
|---|---|
| Red - | denotes skills which apply to adults with severe, moderate and mild mental handicaps; |
| Yellow - | denotes additional skills which apply to adults with moderate and mild mental handicaps; and |

Blue - denotes additional skills which apply only to adults with mild mental handicaps.

Subproblem two. **Basic skills which facilitate meeting each basic human need** are shown on the Profile in the following manner. First, Need areas appear in the order of perceived importance, from most important to least important, and are designated alphabetically from A to K. Second, the skills which facilitate meeting needs are presented within the corresponding need areas with the need alphabetic designation followed by a numerical identification indicating the priority of skill importance in contributing to meeting needs. For example, under need area "B", the skill coded "B-1" was perceived as the most important skill contributing to meeting the need; the skill coded "B-2" was the next most important skill, and so on.

Subproblem three. **The probability of skill attainment means indicating the likelihood that adults with mild, moderate or severe mental handicaps can attain each basic skill** were considered by RAP members to determine whether or not a skill should be included in the Profile for each group. If they felt a skill could not be achieved by those with either mild, moderate or severe mental handicaps, then that skill was excluded for the particular group. By including the skills in the Profile, RAP members indicated their belief that the skills could be attained. The probability of skill attainment factor did not affect the ordering of skills within each need area in the Profile. Panel members considered the total listings of skills allocated to each need and placed the skills in the order of perceived greater to lesser importance in helping to meet the need. Skills shown on the Profile are not, therefore, placed in an order of high to low probability of attainment.

Subproblem four. RAP members' perceptions regarding who should be the primary source of assistance to people having mental handicaps in their endeavours to attain each basic skill are shown on the Profile. The sources of assistance, Worker, Family or Self, (Community was not chosen at all) who were perceived as the persons who should help adults with mild, moderate or severe mental handicaps attain each skill are listed in the bars at the bottom of each skill box. The sources are presented in the order of perceived greater to lesser roles. For example, if the sources of assistance are listed as "Self/Wrkr/Fam" (abbreviations are used in the Profile), this indicates that the foremost responsibility for skill attainment endeavours rests with Self, the adults themselves who are mentally handicapped, followed by efforts to assist in the learning process from workers in the field, followed by family members. The number of sources listed varies from one to three. If no source is indicated for a particular level of mental handicap, the skill was not deemed applicable to the people who are so impaired.

The findings emanating from the RAP session will now be further explored focusing on each research subproblem. The following observations comprise information not easily synthesized when viewing the Profile chart.

RAP Findings - Subproblem One

The first subproblem was:

**What are the basic skills required by adults with mental handicaps to function in age-appropriate roles in Alberta society?**

In the following, adult basic skills validated and not validated for persons having mental handicaps by RAP members are outlined.

Skills validated and added. The Profile of Basic Skills for Adults with Mental Handicaps Living in Alberta shows the skills which RAP members participating in this study perceived are applicable to, achievable and required by adults having mental handicaps.

In total, 68 skills comprise the Profile. Guided by the questionnaire findings, RAP members validated 66 of the 78 skills derived from the Alberta Catalogue of Adult Basic Skills (CABS) study (Collett, et al, 1982). The Panel retained the one skill added by questionnaire participants, namely Understand and Deal With Personal Relationships Including Sexuality, and added another skill, Express Personal Pride in Oneself Despite Handicap.

Although skills are color-coded in the Profile for adults with different mental handicaps, separate listings of skills unique to adults with mild, moderate and severe levels of mental handicap are shown in Table 5 for easy reference. Thirty-five skills were perceived applicable to adults with all levels of mental handicaps; an additional 30 skills were perceived applicable to adults only who have moderate or mild mental handicaps; and an additional three skills were perceived as applicable exclusively to adults having mild mental handicaps. Some skills are perceived to be associated with more than one need area as is indicated by multiple profile designations in Table 5.

Table 5

Basic Skills Validated for Adults with Severe, Moderate and Mild Mental Handicaps by the Review and Assessment Panel

| Profile Designation | Skill |
|---|---|
| A-1, I-8 | Understand/Exercise Rights/Responsibilities and Privileges of a Citizen |
| B-2 | Plan and Prepare Nutritious Meals |
| C-1 | Practice Proper Sanitation |
| C-2, G-1, I-1 | Practice Personal Hygiene |
| C-4 | Recognize and Act Upon Unsafe Conditions |
| C-5 | Read and Interpret Signs and Labels |
| C-6 | Practice Traffic Safety |
| C-9, D-1 | Recognize and Deal With Emotions |
| C-11, E-1 | Recognize Personal Physical Needs |
| D-2, G-2-, I-2, K-1 | Participate in Verbal Communication Including Sign Language |
| D-3, G-3, I-3 | Acquire Interpersonal Skills |
| D-4, I-4 | Understand and Deal With Personal Relationships Including Sexuality |

Table 5

Basic Skills Validated for Adults with Severe, Moderate and Mild Mental Handicaps by the Review and Assessment Panel (continued)

| Profile Designation | Skill |
|---|---|
| D-6, I-14 | Respond To and Help Others |
| D-11, I-17, J-3 | Be Considerate of the Morals/Values of Others |
| F-1 | Utilize Community Resources |
| F-2 | Participate in Community Affairs |
| G-4 | Understand the Learning Environment |
| G-5, K-4 | Utilize Various Learning Methods |
| G-6 | Interpret Graphical, Pictorial and Symbolic Information |
| G-7, I-6, K-6 | Practical Thinking |
| G-8, I-7, K-7 | Problem Solving |
| G-14, J-5, K-28 | Understand Purpose of Laws and Effects on Individual |
| H-5 | Keep A Job (Meet Job Requirements) |
| I-5 | Recognize and Maintain Personal Mental Needs |
| I-9 | Motivate Self Developing A Positive Self-Image |
| I-10 | Express Personal Pride in Oneself Despite Handicap |
| I-12, J-2, K-9 | Recognize Need For and Application of Self Discipline |
| I-13, J-1, K-10 | Responsible and Accountable for Own Actions and Behaviours |
| I-16 | Be Accepting of Others Positions and Compromise Appropriately |
| I-18, J-4 | Recognize Influences of Personal Culture, Tradition and Customs |

Table 5

Basic Skills Validated for Adults with Severe, Moderate and Mild Mental Handicaps by the Review and Assessment Panel (continued)

| Profile Designation | Skill |
|---|---|
| I-20 | Assume Responsibility for Individuals With Special Needs |
| K-2 | Communicate Using Electro-Mechanical Aids |
| K-17 | Meet Transportation Needs |
| K-22 | Implement Budget: Be Effective in Purchasing Goods and Services |
| K-25 | Develop An Estate Plan |

The Panel determined that the 35 skills shown in Table 5 were applicable to and required by adults with all levels of mental handicaps.

Table 6

Additional Basic Skills Validated for Adults with Moderate and Mild Mental Handicaps by the Review and Assessment Panel

| Profile Designation | Skill |
|---|---|
| B-1 | Obtain/Maintain Accommodation (Through Renting, Buying, Building) |
| C-3 | Recognize and Act Upon Symptoms of Illness |
| C-7 | Store and Handle Food Safely |
| C-8, K-11 | Responsibly Use Drugs and/or Alcohol |
| C-10 | Cope With Crisis Situations |
| C-12 | Use Emergency First Aid Techniques |
| C-13 | Meet Insurance Needs |
| D-5, I-19 | Appreciate Cultural Differences |
| D-7, I-15 | Recognize Achievement in Others |
| D-8 | Meet the Needs of Spouse |
| D-9 | Plan A Family |
| D-10 | Parent Effectively |
| E-2 | Plan and Use Leisure Time |
| G-9, K-18 | Perform Basic Mathematical Operations |
| G-10, K-19 | Perform Mathematical Calculations Using Electro-Mechanical Aids |
| G-11, K-5 | Read for Comprehension |
| G-12, H-1, K-12 | Obtain Knowledge of Occupational Options |
| G-13, H-3, K-14 | Acquire Marketable Skills |
| H-2, K-13 | Assess Own Occupational Potential |
| H-4, K-15 | Find, Apply For and Get A Job |

Table 6

Additional Basic Skills Validated for Adults with Moderate and Mild Mental Handicaps by the Review and Assessment Panel (continued)

| Profile Designation | Skill |
|---|---|
| H-6, I-22, K-16 | Determine if Job Meets Personal Expectations and Responsibilities |
| H-7, I-23 | Identify with Needs/Roles of Others in Relation to Job |
| I-11, K-8 | Assert Self (Stand Up For What You Believe) |
| I-21, J-6 | Abide by the Law |
| I-24 | Interpret Current Events |
| K-20 | Maintain Records (e.g. checking account, immunization, health records) |
| K-21 | Plan a Budget |
| K-23 | Implement Budget: Use Banking Services Effectively |
| K-24 | Implement Budget: Use Credit Effectively |
| K-26 | Understand, Identify and Cope With Taxation Process |

The Review and Assessment Panel perceived the additional 30 skills show in Table 6 were applicable to adults who have moderate and mild mental handicaps, plus the 35 skills listed in Table 5. The skills in Table 6 do not apply to persons with severe mental handicaps.

Table 7

Additional Basic Skills Validated for Adults with Mild Mental Handicaps by the Review and Assessment Panel

| Profile Designation | Skill |
|---|---|
| H-8 | Understand Deduction and Benefit Packages Available |
| K-3 | Write to Express an Idea or Convey Information |
| K-27 | Seek and Use Legal Assistance as Needed |

The three skills shown in Table 7 were perceived exclusively applicable to adults with mild mental handicaps by RAP members, in addition to the 65 skills listed in Tables 5 and 6. The skills in Table 7 do not apply to adults who have moderate and severe mental handicaps.

Adult Basic Skills not validated. Twelve of the 78 basic skills from CABS were not validated by RAP members. When determining the Profile of Skills, RAP members deleted skills which they considered were:

(a) subsumed under other skills in the Profile as follows;

-Identify and Interpret Safety Symbols

(subsumed under Read and Interpret Signs and Labels);

-Manage Self As A Learner, and

-Understand Self As A Learner

(subsumed under Understand the Learning Environment);

-Recall Ideas and Information, and

-Recall and Apply Data to New Situations

(subsumed under Utilize Various Learning Methods);

-Plan and Manage Occupational Advancement/Development

(subsumed under Assess Own Occupational Potential);

-Apply Basic Mathematical Operations

(subsumed under Perform Basic Mathematical Operations);

(b) very difficult for adults with mental handicaps to attain, as follows;

-Assist in the Maintenance of the Health and Safety of the Community;

-Plan and Manage Retirement;

-Manage Mobility (Effect of Moving on Family); and

-Adapt to Change; and

(c) of lesser relevancy for effective functioning in adult roles, as follows;

-Participate in Appropriate Job Related Affiliations and Organizations.

RAP Findings - Subproblem Two

The second research subproblem was:

**Which basic skills facilitate meeting each basic human need?**

The skills which are perceived as useful in helping to meet each basic need are shown on the Profile of Basic Skills for Adults with Mental Handicaps Living in Alberta. Need areas and the skills which were allocated within each need will be further discussed in the following.

Need Areas. The Panel determined that the need area, Support from Community and Society, had two meanings. This one need area was, therefore, redefined and retitled into the following two:

(a) Support from Community and Society (Provincial Policy -

Program/Service Delivery and Financial Support):
represents the broad context of the sociopolitical framework which is necessary to provide the specialized educational and service networks for adults who have mental handicaps, and the funding programs required both to support programming activities through agencies and institutions serving adults with mental handicaps as well as the funding needed by individuals for personal requirements (i.e. Assured Income for the Severely Handicapped (AISH)); and

(b) Access to Community Resources (Local Community and Societal Support):
represents the narrower context of the local community resource framework, such as access to public transportation, recreational facilities, and the general overall co-operation and support from persons in the immediate community.

The Panel was satisfied with the designations given for the remaining nine need areas.

RAP members were asked to priorize the need areas from those which are the most important to the least important. Although the order of importance in which the Panel members priorized need areas is shown on the Profile chart, they are repeated here for reference:

A. Support from Community and Society (Provincial Policy - Program/Service Delivery and Financial Support)

B. Food, Clothing and Shelter

C. Health and Safety of Self and Others

D. Friendships and Loving Relationships

E. Physical and Psychological Recreation

F. Access to Community Resources (Local Community and Societal Support)

G. Learning New Skills, Knowledge and Attitudes

H. Meaningful and Productive Activity (work, etc.)

I. Acceptance and Value As A Person

J. Moral and Spiritual Development

K. Independence and Control Over Own Life

Skill/Need relationships. The skills which help to meet each need are shown on the Profile chart. The skills listed within each need area on the Profile chart appear in the order of greater to lesser importance in helping to meet each need as perceived by the Panel.

Thirty skills are perceived as simultaneously helping to meet multiple numbers of needs; 38 skills are considered useful in helping to meet only one of the ten needs. For example, the skill Practice Personal Hygiene is perceived as helping to meet multiple needs: Health and Safety of Self and Others; Learning New Skills, Knowledge and Attitudes; and Acceptance and Value As A Person. On the other hand, the skill Plan and Prepare Nutritious Meals is perceived as useful in helping only one need: Food, Clothing and Shelter. These skill/need relationships are not readily apparent on the Profile chart and therefore skills which help to meet more than one need are reported in Table 8 and skills which help to meet only one need are reported in Table 9.

Table 8

Skills Which Help To Meet More Than One Need

| Single Skill | Multiple Needs |
|---|---|
| Practice Personal Hygiene | -Health and Safety of Self and Others<br>-Learning New Skills, Knowledge & Attitudes<br>-Acceptance/Value As A Person |
| Responsibly Use Drugs and/or Alcohol | -Health and Safety of Self and Others<br>-Independence and Control Over Own Life |
| Obtain Knowledge of Occupational Options | -Learning New Skills, Knowledge & Attitudes<br>-Meaningful/Productive Activity (work, etc.)<br>-Independence and Control Over Own Life |
| Assess Own Occupational Potential | -Meaningful/Productive Activity (work, etc.)<br>-Independence and Control Over Own Life |
| Acquire Marketable Skills | -Learning New Skills, Knowledge & Attitudes<br>-Meaningful/Productive Activity (work, etc.)<br>-Independence and Control Over Own Life |
| Find, Apply For, And Get A Job | -Meaningful/Productive Activity (work, etc.)<br>-Independence and Control Over Own Life |
| Determine If Job Meets Personal Expectations and Responsibilities | -Meaningful/Productive Activity (work, etc.)<br>-Acceptance/Value As A Person<br>-Independence and Control Over Own Life |

Table 8

Skills Which Help To Meet More Than One Need (continued)

| Single Skill | Multiple Needs |
|---|---|
| Identify With Needs/Roles of Others in Relation to Job | -Meaningful/Productive Activity (work, etc.)<br>-Acceptance/Value As A Person |
| Understand Purpose of Laws and Effects on Individual | -Learning New Skills, Knowledge & Attitudes<br>-Moral and Spiritual Development<br>-Independence and Control Over Own Life |
| Abide By The Law | -Acceptance/Value As A Person<br>-Moral and Spiritual Development |
| Understand/Exercise Rights, Responsibilities and Privileges of a Citizen | -Support from Community/Society (Provincial)<br>-Acceptance/Value As A Person |
| Recognize the Need For and the Application of Self Discipline | -Acceptance/Value As A Person<br>-Moral and Spiritual Development<br>-Independence and Control Over Own Life |
| Assert Self (Stand Up For What You Believe) | -Acceptance/Value As A Person<br>-Independence and Control Over Own Life |
| Responsible and Accountable For Own Actions/Behaviour | -Acceptance/Value As A Person<br>-Moral and Spiritual Development<br>-Independence and Control Over Own Life |
| Recognize Personal Physical Needs | -Health and Safety of Self and Others<br>-Physical and Psychological Recreation |

Table 8

Skills Which Help To Meet More Than One Need (continued)

| Single Skill | Multiple Needs |
|---|---|
| Recognize and Deal With Emotions | -Health and Safety of Self and Others<br>-Friendships and Loving Relationships |
| Recognize Influences of Personal Culture, Tradition and Customs | -Acceptance/Value As A Person<br>-Moral and Spiritual Development |
| Acquire Interpersonal Skills | -Friendships and Loving Relationships<br>-Learning New Skills, Knowledge & Attitudes<br>-Acceptance/Value As A Person |
| Recognize Achievement In Others | -Friendships and Loving Relationships<br>-Acceptance/Value As A Person |
| Respond To and Help Others | -Friendships and Loving Relationships<br>-Acceptance/Value As A Person |
| Be Considerate of the Morals and Values of Others | -Friendships and Loving Relationships<br>-Acceptance/Value As A Person<br>-Moral and Spiritual Development |
| Appreciate Cultural Differences | -Friendships and Loving Relationships<br>-Acceptance/Value As A Person |
| Utilize Various Learning Methods | -Learning New Skills, Knowledge & Attitudes<br>-Independence and Control Over Own Life |
| Practical Thinking | -Learning New Skills, Knowledge & Attitudes<br>-Acceptance/Value As A Person<br>-Independence and Control Over Own Life |
| Problem Solving | -Learning New Skills, Knowledge & Attitudes<br>-Acceptance/Value As A Person<br>-Independence and Control Over Own Life |

Table 8

Skills Which Help To Meet More Than One Need (continued)

| Single Skill | Multiple Needs |
|---|---|
| Participate In Verbal Communication Including Sign Language | -Friendships and Loving Relationships<br>-Learning New Skills, Knowledge & Attitudes<br>-Acceptance/Value As A Person<br>-Independence and Control Over Own Life |
| Read for Comprehension | -Learning New Skills, Knowledge & Attitudes<br>-Independence and Control Over Own Life |
| Perform Basic Mathematical Operations | -Learning New Skills, Knowledge & Attitudes<br>-Independence and Control Over Own Life |
| Perform Mathematical Calculations Using Electro-Mechanical Aids | -Learning New Skills, Knowledge & Attitudes<br>-Independence and Control Over Own Life |
| Understand and Deal With Personal Relationships Including Sexuality | -Friendships and Loving Relationships<br>-Acceptance/Value As A Person |

The skills shown in Table 8 were perceived as facilitating more than one need area.

Table 9 shows those skills which facilitate meeting only one need area.

Table 9

Skills Which Help To Meet Only One Need

| Skills | Single Need |
|---|---|
| -Plan and Prepare Nutritious Meals | Food Clothing and Shelter |
| -Obtain/Maintain Accommodation (Through Renting, Buying, Building) | |
| -Recognize and Act Upon Symptoms of Illness | Health and Safety of Self and Others |
| -Practice Traffic Safety | |
| -Use Emergency First Aid Techniques | |
| -Store and Handle Food Safely | |
| -Recognize and Act Upon Unsafe Conditions | |
| -Practice Proper Sanitation | |
| -Meet Insurance Needs | |
| -Cope With Crisis Situations | |
| -Read and Interpret Signs and Labels | |
| -Plan A Family | Friendships and Loving Relationships |
| -Parent Effectively | |
| -Meet the Needs of Spouse | |
| -Plan and Use Leisure Time | Physical and Psychological Recreation |

Table 9

Skills Which Help To Meet Only One Need (continued)

| Skills | Single Need |
|---|---|
| -Participate in Community Affairs<br>-Utilize Community Resources | Access to Community Resources (Local) |
| -Understand the Learning Environment<br>-Interpret Graphical, Pictorial and Symbolic Information | Learning New Skills, Knowledge & Attitudes |
| -Keep A Job (Meet Job Requirements)<br>-Understand Deduction and Benefit Packages Available | Meaningful/Productive Activity (work, etc.) |
| -Interpret Current Events<br>-Assume Responsibility for Individuals With Special Needs<br>-Motivate Self Developing A Positive Self Image<br>-Recognize and Maintain Personal Mental Needs<br>-Be Accepting of Other's Positions and Compromise Appropriately<br>-Express Personal Pride in Oneself Despite Handicap | Acceptance/Value As A Person |

Table 9

Skills Which Help To Meet Only One Need (continued)

| Skills | Single Need |
|---|---|
| -Plan A Budget | Independence and Control Over Own Life |
| -Implement Budget: Use Banking Services Effectively | |
| -Implement Budget: Use Credit Effectively | |
| -Implement Budget: Be Effective in Purchasing Goods and Services | |
| -Meet Transportation Needs | |
| -Understand, Identify and Cope With Taxation Process | |
| -Maintain Records (e.g. checking account, immunization, health records) | |
| -Develop An Estate Plan | |
| -Seek and Use Legal Assistance As Needed | |
| -Write to Express An Idea or Convey Information | |
| -Communicate Using Electro-Mechanical Aids | |

## RAP Findings - Subproblem Three

The third research subproblem was:

**What is the perceived probability that adults with mild, moderate or severe mental handicaps can attain each basic skill?**

Considerations prevailing over low probabilities of skill attainment. Although RAP members were guided by the statistical means derived from the questionnaire data indicating probabilities of skill attainment, in some cases other factors overrode low achievement probabilities which resulted in some skills being included in the Profile, based on two scenarios:

(a) Individuals' rights to be given opportunities to learn competencies within a skill area which would augment their fulfilment as persons with the same privileges as all other people. An example of a skill which was included for this reason was Understand, Identify and Cope With Taxation Process. Panel members considered this as an applicable skill for adults with mild and moderate mental handicaps, although the probability of attainment based on statistical means were 2.70 - Mild and 1.54 - Moderate (on a scale of 5 = Very Likely to 1 = Very Unlikely). In this particular case, Panel members felt that individuals have a right, for example, to understand why pay cheque deductions are made for income tax; if some awareness is achieved in this regard, then Panel members felt that a measure of skill attainment would have been satisfied.

(b) Individuals' need to be exposed to learning certain skills, regardless of low attainment probabilities, such as Develop An

Estate Plan. The statistical means of attainment for this skill were 3.03 - Mild, 2.09 - Moderate and 1.06 - Severe. The skill was included in the Profile, however, because Panel members felt it was necessary for all persons to have, for example, a Last Will and Testament.

Varying competency levels may represent skill attainment. Panel members referred to the fact that different competency levels would probably be achieved by adults with different levels of mental handicaps. For example, with regard to the skill Understand, Identify and Cope with the Taxation Process, the Panel indicated that an adult who is mildly mentally handicapped would in all likelihood be able to comprehend more facets of the taxation process than would adults with moderate mental handicaps. Another skill which generated discussion regarding the variability of competency levels was Recognize and Act Upon Unsafe Conditions. Nevertheless, by inclusion of the skills in the Profile for the individuals with one of the three levels of mental handicap, the Panel indicated their belief that measures of skill attainment could be achieved.

Skill attainment is more probable given learning assistance. Throughout the RAP session, it was the researcher's impression that the likelihood skills could be realized would be influenced by whether devoted assistance was given to people having mental handicaps. Although people without mental handicaps may acquire some of the skills as a result of day-to-day experiences, people with mental handicaps usually require more specifically directed and dedicated assistance to achieve or gain insight into a skill area.

Sources of assistance were often deemed by RAP members as synonomous with persons who would assume roles greater than that of a separate person helping another to learn skills. That is, the source of assistance was often perceived as an inseparable extension of the impaired individual, and only through the efforts of these two people together could skill attainment be realized. For example, considering the skill, Determine if Job Meets Personal Expectations and Responsibilities, RAP members agreed this skill should be included in the Profile for persons with mild and moderate mental handicaps. But the Panel felt that some of these persons would experience attainment of this skill only if someone else initiated questions such as, "Are you happy with your job?" or "Is there any other kind of work you would like to do?" Therefore, although some skills may be achieved with assistance and then maintained by the individual independently (such as Practice Personal Hygiene), other skills may require an ongoing partnership with other persons in order to 'attain' and subsequently sustain or transfer the skill to domains other than that within which the skill was initially learned. The role of the source of assistance appeared to be greater than that normally equated with a person who is a teacher, assistant or parent; the source of assistance was perceived to be, at times, that part which fills the void for persons having mental handicaps.

### RAP Findings - Subproblem Four

The fourth subproblem was:

> **Who should be the primary source of assistance to people having mental handicaps in their endeavours to attain each basic skill?**

Four possible choices of sources of assistance were provided to the participants: Worker (a worker in the field serving people with mental handicaps), Family (the family of the individual with a mental handicap), Community (people in the community in which the person who is impaired lives), and Self (the person with a mental handicap helping self). The community was not chosen at all as a source of assistance by the RAP members; they expressed the position that based on past experience of community non-participation in St. Paul, this source was not in their opinion a feasible option.

The sources of assistance chosen to help adults who are mildly, moderately or severely handicapped learn each skill are reported on the Profile chart. Panel members were not limited to choosing only one source, but rather could identify a primary, or first choice, as well as second and third auxiliary sources, referred to as 'next' choices. Although the Panel did sometimes identify a second and third choice of assistance, only the first, thus primary, choice will be explored in the following. The reason for this is the inconsistency with regard to whether a second or third choice was identified within each skill for the different levels of mental handicap, making meaningful comparisons difficult.

Primary choice of assistance. The following observations result from the RAP data and consider the first source of assistance for all skills taken in toto.

(a) The role of Worker increases with the severity of mental handicap; and accordingly, the role of Self decreases with the severity of mental handicap.

(b) The role of Family remains relatively low for all individuals at all three levels of mental handicap.

The trends regarding the first source of assistance are shown in Figure 13.

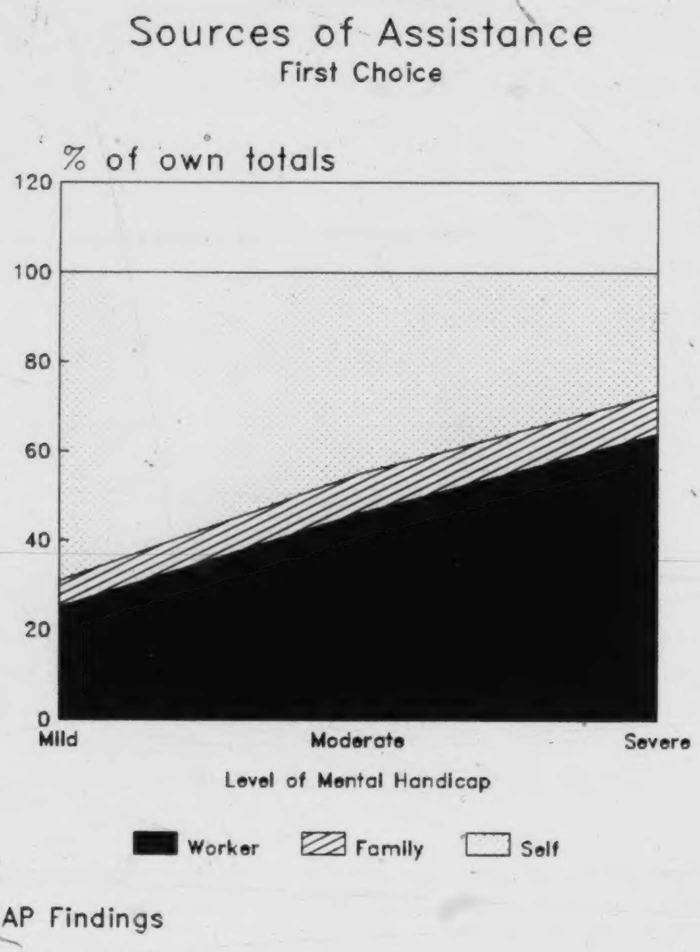


Figure 13. First choice for sources of assistance.

## Summary

An effort has been made in this chapter to report the findings of the study.

This research comprised a two-level data collection process and subsequently resulted in findings of two types: questionnaire findings and RAP findings. Consequently, two stand-alone sections were used to present research findings: Section One - Findings Based on Questionnaire Data and Section Two - Findings Based on RAP Data.

The questionnaire findings were shown in a Data Information Package, which was overviewed in this chapter, and supplemented by summaries organized by research subproblem. The RAP findings were coalesced in the major product of this research, a Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta, overviewed in this chapter, and discussed in summaries by research subproblem.

Of the 78 skills originating from CABS, 66 were validated for inclusion in the Profile. Two new skills were added by study participants, bringing the total number of skills in the Profile to 68. Thirty-five of the skills were perceived as applicable to adults with all three levels of mental handicap, mild, moderate and severe; 30 additional skills were perceived as applicable to adults with mild and moderate mental handicaps, but not to the severe level; and three skills were perceived as exclusively applicable to adults having mild mental handicaps, and therefore not to those with moderate and severe mental handicaps.

Some needs were perceived as being associated with larger numbers of skills than were others. Also, some skills were perceived as being instrumental in helping to meet more than one need; whereas other skills were perceived as being instrumental in helping to meet only one need.

By inclusion in the Profile, RAP members indicated their belief that measures of skill attainment could be achieved by individuals designated particular skills.

Sources of assistance chosen by RAP members included Worker, Family and Self. Community was deleted as a feasible choice of assistance by RAP members based on the St. Paul community's history of non-participation.

# CHAPTER 5

# SUMMARIES, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

## Introduction

The major outcome of this study was a Profile of Basic Skills for Adults With Mental Handicaps Living in Alberta.

The Review and Assessment Panel (RAP) study participants, who constructed the Profile, identified basic skills which they perceived would be achievable and necessary to function in adult roles by persons having mild, moderate and severe mental handicaps. The Panel further identified the need areas they perceived would be helped by each skill and the people who should assist persons with either mild, moderate or severe mental handicaps attain each skill.

## Summaries and Conclusions

Summaries of the findings followed by related conclusions for each research subproblem follow.

### Subproblem One and Subproblem Three - Summary

The first research subproblem was:

> **What are the basic skills required by adults with mental handicaps to function in age-appropriate roles in Alberta society?**; and

the third research subproblem was:

> **What is the perceived probability that adults with mild, moderate or severe mental handicaps can attain each basic skill?**

Of the 78 skills derived from the Alberta Catalogue of Adult Basic Skills (CABS) study (Collett, et al, 1982), RAP members validated 66 skills for persons having mental handicaps. These skills were validated based on considerations of applicability to adults with mental handicaps to function in Alberta society and a positive likelihood the skills could be attained.

The remaining 12 skills from CABS were deleted by the RAP participants for the following reasons. Seven skills were perceived to be subsumed under other skills in the Profile; four skills were considered very difficult for adults with mental handicaps to attain; and one skill was perceived to be of lesser relevancy for effective functioning in adult roles. Two new skills were added by study respondents and were included in the Profile.

A total of 68 skills comprise the Profile. Thirty-five of the skills were perceived applicable to and attainable by adults having severe, moderate and mild mental handicaps; an additional 30 skills were perceived applicable to and attainable by only those with moderate and mild mental handicaps, but were excluded for those with severe mental handicaps; and an additional three skills were perceived applicable to and achievable only by adults with mild mental handicaps, and excluded those with severe and moderate mental handicaps. That is, 68 skills were perceived as applicable to and achievable by persons with mild mental handicaps; 65 were applicable to and achievable by those with moderate mental handicaps; and 35 applied to and were achievable by people with severe mental handicaps.

### Subproblems One and Three - Conclusions

Conclusions were reached in two areas, based on skill validation and the probability skills could be attained, with regard to indications that adult roles and subsequent integration endeavours could be realized by persons having mental handicaps.

(a) Positive indicators of success in endeavours to achieve adult roles for persons with mild and moderate mental handicaps. The RAP members perceived that adults with mild and moderate mental handicaps could probably attain the majority of basic skills deemed necessary to function effectively in adult roles in Alberta, based on the listing derived from CABS. Given the perceptions of the RAP members regarding validated skills, and all else being optimal, a conclusion was persons with mild and moderate mental handicaps could attain most skills needed to fulfill adult roles and as a consequence would probably experience success in endeavours to gain meaningful integration into age-appropriate roles in society.

(b) Concerns regarding success with achieving adult roles. First, adults with severe mental handicaps were perceived by RAP participants as having a possibility of attaining approximately half of the skills from CABS. Given these perceptions, a conclusion was that persons with severe mental handicaps would experience extensive obstacles in attempts to achieve adult roles in independent living settings. These persons would in all likelihood require environments which offered ongoing supported work and living programs.

Second, four skills were deleted by RAP members on the basis that the skills were perceived too difficult for adults with mental handicaps to attain, regardless of level of handicap. These skills were:

-Assist in the Maintenance of the Health and Safety of the Community;

-Manage Mobility (effect of moving on family);

-Adapt to Change;

-Plan and Manage Retirement.

A conclusion was that the possible inability to learn the first two skills noted above would not be a serious hindrance to achieving adult roles and integration into society. On the other hand, should adults be unable to Adapt to Change, they could face some significant challenges in achieving adult roles and adapting to integrated, community-based living. As was noted in the literature review, however, attention is now being given to training programs which could help people with mental handicaps achieve strategy transfer. Also, the capability of different persons with mental handicaps to adapt to change is highly variable.

With regard to the perceived difficulty in Planning and Managing Retirement, a conclusion was that a reintroduction of assistance along with training programs to prepare persons with mental handicaps for their senior years might become necessary.

What ought to be borne in mind with regard to the probability that people with mental handicaps can attain the skills is that finite predictors of success in human achievement endeavours do not exist. In an attempt to try and identify skills which could probably be attained by people with different levels of mental handicap, this study sought guidance by asking participants to judge the probability that persons who have mild, moderate or severe mental handicaps could learn the skills. Because the probabilities that skills could be attained were the perceptions of study participants and because people with mental handicaps are highly heterogeneous in learning capacity, the findings in this regard should not override other assessments or knowledge about an individual's own unique capabilities to learn.

Subproblem Two - Summary

The second research subproblem was:

**Which basic skills facilitate meeting each basic human need?**

Larger numbers of skills were related to some need areas than to others. Although the varying numbers of skills associated with the different need areas are readily apparent on the Profile chart, they are repeated in Table 10 for easy reference.

Table 10

Number of Skills Associated With Need Areas on the Profile of Basic Skills for Adults With Mental Handicaps

| Number of Skills | Need Area | |
|---|---|---|
| 1 | A. | Support from Community and Society (Provincial Policy - Program/Service Delivery and Financial Support |
| 2 | B. | Food, Clothing and Shelter |
| 13 | C. | Health and Safety of Self and Others |
| 11 | D. | Friendships and Loving Relationships |
| 2 | E. | Physical and Psychological Recreation |
| 2 | F. | Access to Community Resources (Local Community and Societal Support) |

Table 10

Number of Skills Associated With Need Areas on the Profile of Basic Skills for Adults With Mental Handicaps (continued)

| Number of Skills | Need Area |
|---|---|
| 14 | G. Learning New Skills, Knowledge and Attitudes |
| 8 | H. Meaningful and Productive Activity (work, etc.) |
| 24 | I. Acceptance and Value As A Person |
| 6 | J. Moral and Spiritual Development |
| 28 | K. Independence and Control Over Own Life |

Ten need areas, identified by the St. Paul and District Association for the Handicapped, St. Paul, Alberta, represented the basic needs listing considered in this study. RAP members determined that the need initially referred to as Support from Community and Society had two meanings. This one need area was, therefore, redefined and retitled into: (a) Support from Community and Society (Provincial Policy - Program/Service Delivery and Financial Support) and (b) Access to Community Resources (Local Community and Societal Support). Eleven basic need areas resulted. Although all need areas were considered important, RAP members priorized the needs in the order of those which should be met first through to the needs which could be met last. The order which was determined is shown in the above listing.

Subproblem Two - Conclusions

First, in terms of numbers of skills related to need areas, a conclusion was that the needs which could be considered as being in the realm of achieving one's own potential were associated with a larger number of skills than were the areas which could be considered as basic survival or social needs. Second, a conclusion based on RAP study participants' priorizing of need areas was that needs which relate to basic human survival should be met first; needs associated with social aspects next; and needs which contribute to achieving one's own potential among the last.

Subproblem Four - Summary

The fourth subproblem was:

**Who should be the primary source of assistance to people having mental handicaps in their endeavours to attain each basic skill?**

The RAP perceptions were that the role of workers as a primary source of assistance to help people attain skills increased with the severity of the mental handicap and conversely the role of the person with the mental handicap decreased with the severity of mental handicap. RAP participants perceived that the family should assume a lesser role as a primary source in the learning process related to helping people with mental handicaps attain basic skills than should workers and learners. The community was not perceived as a feasible choice of assistance by the RAP participants in this study.

Subproblem Four - Conclusions

A conclusion was that workers in the field would probably represent the primary source of assistance to persons with mental handicaps in endeavours to learn skills given the environment within which this study was conducted: an Association that serves people having mental handicaps. What is not known, however, is what perceptions regarding primary sources of assistance would result if subproblem four was posed to populations representing family and community members and to populations of persons with mental handicaps. The reason for this observation is that in the Basic Needs Attainment of the Handicapped Study (Collett and Lind-Wilson, 1989) the following question was asked: "To what extent should clients themselves, their families, St. Paul and District Association for the Handicapped, or other community services, be assisting in the meeting of each basic need...?" (p. 42), and the findings included:

> For six of the ten needs, the Association [in St. Paul] recorded the lowest perceptions regarding the ideal role of the family;
>
> The Family perceived themselves as ideally providing more assistance, than did the other groups, for five of the ten need areas. (p. 44)
>
> Clients perceived they should assume the highest responsibility in meeting all need areas, with the exception of Friendships and Loving Relationships. (p. 45)

The same basic need areas as were considered in this research were considered in the above-noted study. If other populations were surveyed with regard to who should be the primary source of assistance, then the perceptions may differ from those found in this study, which sought opinions only from workers in the field.

Further, an observation with regard to the community being perceived in this research as assuming no role in assisting persons with mental handicaps attain skills was that this may point to a need in St. Paul to explore how the community might become more actively involved in providing opportunities or assisting in helping people with mental handicaps learn and practice skills.

## Implications

The Profile of Basic Skills for Adults with Mental Handicaps Living in Alberta represents an initial attempt to identify a listing of the skills which could help adults so impaired meet their basic needs and endeavour to achieve adult roles as integrated members of society.

To quote Bud Fredericks again:

> No one research study provides truth. Very frequently in the area of social services, we never can find definitive research that proves beyond a doubt that such-and-such is true for all individuals. Instead, we accumulate evidence that says, 'This perhaps is the best approach for individuals who are severely [and moderately and mildly] handicapped.' (Brady & Gunter, 1985, p. 269).

This study was an example of a search for an approach, in a specific geographic area, to helping adults with mental handicaps meet their basic needs and integrate into society in age-appropriate roles.

Implications for using the findings of this study as a guide in developing program plans for persons with mental handicaps and as a tool to develop a curriculum and to address current issues follow.

## The Profile as a Guide

The Profile could be used as a guide by workers in the field along with adults having mental handicaps to develop individualized program plans which address the learning needs of such persons as they relate to meeting basic needs and achieving adult roles in society and to relate these to the goals of the organization. Some ways the Profile might be used by workers and learners are:

(a) The skills people with mental handicaps attempt to learn might be considered in accordance with those skills which were perceived as applicable to and achievable by adults with different levels of mental handicaps. However, it should be borne in mind that the designations of skills on the Profile were not intended to limit skills to levels, but rather to suggest areas where people would probably experience success;

(b) The order in which persons attempt to learn skills might be considered in light of the ordering of needs from those which should be met first through to those which could be met last, and similarly the skills considered the most important to least important in each need area;

(c) The choice of skills to be learned might be affected by considering that 30 skills were perceived by the RAP members as helping to meet between two and four needs simultaneously and 38 skills were considered exclusively useful in helping to meet only one of the eleven needs;

(d) Workers in the field might compare the emphases of their current training programs with the basic skills suggested in this study. Such a comparison might provide insight regarding how comprehensive their current programs are in helping people meet needs and attain adult roles and integration into society.

### The Profile as a Tool in Developing a Curriculum

An aim of this research was to make a contribution to curriculum development by initiating the identification of basic skills for adults with mental handicaps which could help in the process of realizing integration and meeting basic needs. Because two Alberta-based documents were used as foundations in this study, the Alberta *Catalogue of Adult Basic Skills* (CABS) study (Collett, et al, 1982) and the St. Paul and District Association *Basic Needs Listing*, the resulting Profile might represent a source that is particularly meaningful to those in the Province of Alberta who are interested in further exploring curriculum design for adults with mental handicaps. Although several programs are currently offered in Alberta for people with mental handicaps, no one standardized Provincial curriculum guide for adults which covers the broad spectrum of skills required to function in adult roles and help meet basic needs is known to exist. Also, although several curricula and listings of adult basic skills are available from other provinces or countries, the value of the Profile resulting from this study is that it reflects skills needed to function in Alberta society. Some approaches to using the Profile as a tool to develop a curriculum for adults with mental handicaps in Alberta are discussed under Recommendations for Future Research later in this chapter.

## The Profile as a Tool to Address Current Issues

This study was undertaken because shortcomings exist in equipping adults who have mental handicaps with the skills needed to participate in age-appropriate roles in society. Considering the recent announcements connected with the 1989 Brassard Committee Report, Claiming My Future: A person with a mental disability--today and tomorrow, this study was timely because the Province of Alberta is advocating a notable downsizing of institutions and encouraging a move to community-based living. One of the recommendations which reflects this is:

> That Alberta Family and Social Services develop a strategic plan of replacing institutions with community-based services. The strategic plan must include the components necessary to ensure that a minimum of 20 per cent of the residents of each institution be relocated to a community each year. (p. 54)

Although tentative, this study does provide information which could be examined by those people who are concerned about pre-release training programs to prepare individuals with mental handicaps with skills needed for the move to community-based living situations. Subsequently, the Profile might help workers in the field identify the skills where on-going training is required for those persons with mental handicaps who are trying to maintain community-based living.

Furthermore, should the recommendations from the Brassard Report come to fruition, an impact may be felt by individuals who currently work in the field helping persons with mental handicaps. Their job roles and responsibilities could be realigned to address the differences between providing institutional care and providing community-based care.

As a conjecture, indeed the new Alberta philosophies and new worker roles should be examined for parity so that community-based living does not become a mirror of institutionalization in a smaller setting. Nevertheless, as a result of persons moving to the community, retraining of workers who are currently more familiar with institutional care might be necessary. A further recommendation was:

> That Alberta Family and Social Services promote the development of courses and training programs at post-secondary institutions to produce staff qualified to meet the needs of persons with disabilities in a variety of services, and that funding to service providers be increased to recognize those with qualifications. (p. 51)

Information from this study may prove useful in the area of developing training programs for workers in their changed role. That is, those developing training for workers might refer to the skills shown in the profile and determine how they might prepare workers to be effective sources of assistance helping persons with mental handicaps learn the skills which are needed for adult roles in the community.

The Brassard Committee Report also called for education and training programs in such areas as: employment, how "to be informed citizens and to make choices based on their knowledge [referring to people with mental handicaps]" (p. 72); and "...programs for people who will be undertaking the process of individual lifestyle planning" (p. 32). The report also stated:

> In the future, education for people with mental disabilities must continue into adulthood. They must be given the same

opportunities and access, with support as required, to a wide range of post-secondary education, trade schools, and upgrading. (p. 34)

A recommendation for Alberta Education in terms of educational services from primary through to secondary levels was: **"That the curriculum be adapted to the individual and include functional components to adequately prepare students for adult life"** (p. 35). If these initiatives are undertaken, this Profile could be a resource in program and curriculum planning.

## Recommendations for Future Research

Some recommendations for future research are:

(a) Validity of the Profile of Basic Skills for Adults With Mental Handicaps can only be achieved by repeating this study in select geographic areas throughout the Province with populations which represent workers, families, community members and people with mental handicaps;

(b) To establish reliability, operational definitions for the need areas and the skills should be clearly set out in future studies. This activity in itself would comprise an involved research effort.

(c) The presentation of subproblem one as a separate question could be deleted in future studies. The purpose of this subproblem was to determine if all skills from CABS were applicable to persons having mental handicaps. This was undertaken, first, because CABS did not include in the populations surveyed those persons with mental handicaps. Second, it was anticipated that some skills might be deleted through answers to subproblem one, but this was not realized when all skills were validated in the first round of consideration. Rather, the deletion of skills occurred in the process where RAP members considered the probability that skills could be attained by persons having mental handicaps, guided by answers to subproblem three, and at the same time considered the applicability of skills to people with different levels of mental handicap. If the study is repeated, the fact that all skills were validated in the first round by questionnaire participants, and only 12 skills were discarded by RAP members in the second round of consideration, would substantiate listing all skills from CABS and posing subproblems two, three and four.

(d) To develop a curriculum, studies which address the following might be undertaken:

-the identification of what specific competencies would be included within each skill;

-the determination of learning objectives for each competency within each skill;

-the development of learning methodologies and lesson plans for each competency within each skill.

Once such steps were completed, then agencies and learners could access the curriculum and choose those areas which match the needs of the learners. If Provincial program content guidelines were initiated, then it would be necessary for users of such a curriculum to modify teaching/learning scenarios to ensure that it is community-referenced.

## Concluding Comment

A philosophy endorsed today, and at only a few other points in mankind's history, is that persons with mental handicaps have potential to achieve and participate in life alongside all other citizens. At other times, optimism created expectations which could not be achieved. This time we should proceed with both feet on the ground and with a realistic understanding of what is possible and best for persons who have mental handicaps. This study outlined a starting point by identifying skills, which if attained, could enhance the realization of (a) achieving adult roles as integrated members of society and (b) meeting basic human needs. But, a long road lies ahead. The early efforts to help persons with mental handicaps integrate into society and learn relevant and necessary skills will undoubtedly meet with success for some and frustration for others. Techniques and technology to help persons having mental handicaps learn skills have improved vastly in recent times; and in the years to come will probably continue to improve. We should never stop trying, but we should also be cognizant of some very real limitations and know and accept when others have achieved their potential.

This study was premised on the belief that:

**If you give me a fish, I will eat for today;**
**If you teach me how to fish, I will eat for a lifetime.**

# Reference List

Alberta Education. (1983). *Educable mentally handicapped curriculum guide*. Edmonton, Alberta: Alberta Education.

Alberta Education. (1982). *Trainable mentally handicapped curriculum guide*. Edmonton, Alberta: Alberta Education.

Baranyay, Eileen. (1981). *Towards a full life - provisions for mentally handicapped adults: A survey published by MENCAP as a contribution to the international year of disabled people* (pp. 1-6, 71-114). London, England: National Society for Mentally Handicapped Children and Adults.

Biklen, Douglas P., & Foster, Susan, B. (1985). Principles for integrated community programming. In Brady, Michael P. & Gunter, Philip L. (Eds.). *Integrating moderately and severely handicapped learners - strategies that work* (pp. 16-46). Springfield, Illinois: Charles C. Thomas Publisher.

Borkowski, John G., Weyhing, Robert S., Turner, Lisa A. (1986). Attributional retraining and the teaching of strategies. *Exceptional Children*. *53*(2), 124-129.

Brady, Michael P., & Gunter, Philip L. (Eds.). (1985). *Integrating moderately and severely handicapped learners - strategies that work* (pp. ix-xii, 119-136). Springfield, Illinois: Charles C. Thomas Publisher.

Brassard, Roy. (1989). *Claiming my future - a person with a mental disability--today and tomorrow*. Edmonton, Alberta: Available from the Government of the Province of Alberta, Department of Family and Social Services.

Cegelka, Patricia T., & Prehm, Herbert J. (1982). *Mental retardation from categories to people* (pp. 44-75, 355-381). Columbus, Ohio: Charles E. Merrill Publishing Company.

Cohen, Julius S., & Dickerson, Martha Ufford (Eds.). (1983). *Hey, we're getting old - a monograph on aging and mental retardation; elderly mentally retarded people and the seven basic needs* (pp. 1-8). Downsview, Ontario: National Institute on Mental Retardation.

Collett, D. J., Deane, A. K., Kendal, G. D., & Brooks, T. (Eds.). (1982). *Alberta catalogue of adult basic skills study*. Edmonton, Alberta: The Department of Industrial and Vocational Education, University of Alberta.

Collett, D. J., and Lind-Wilson, A. M. (1989). *Basic needs attainment of the handicapped study*. Edmonton, Alberta: The Department of Industrial and Vocational Education, University of Alberta.

Continuing Education Programs Branch, Ministry of Post-Secondary Education, Province of British Columbia. (1986). *Skill development for adults with mental handicaps*. Victoria, B.C.: Publication Services Branch.

Community Connections. (1989). *A directory of community services for the Edmonton region*. Edmonton: Community Connections.

Conley, Ronald W. (1986). Employment of developmentally disabled persons: Obstacles inherent in the service system. *Remedial & Special Education*, *7*(6), 31-36.

Cummings, Rhoda Woods & Maddux, Cleborne D. (1987). *Career and vocational educational for the mildly handicapped*. (pp. vii, 34, 50). Springfield, Illinois: Charles C. Thomas Publisher.

Das, J. P. (1985). Remedial training and mental retardation. *The Mental Retardation and Learning Disability Bulletin*. *13*, 84-91.

Dever, R. B. (1988). Community living skills - a taxonomy. *Monographs of the American Association on Mental Retardation*, *10*.

Enkin, M. (1983). *A survey of moderately retarded adults in the lower mainland of British Columbia: Their community adjustment one and three years after graduating from school* (pp. 16-37). Vancouver, British Columbia: Educational Research Institute of British Columbia.

Evans, Daryl Paul (1983). *The lives of mentally retarded people* (pp. 33-56, 115-141). Boulder, Colorado: Westview Press.

Fischer, Malcolm John (1988). *Setting the cornerstone: a Stettler program for Mentally handicapped adults* (pp. 57-60). Unpublished master's thesis, University of Alberta, Department of Educational Administration, Edmonton, Alberta.

Fredericks, H. D. "Bud". (1985) Research needs: Educational, community based, social, and policy. In Brady, Michael P., & Gunter, Philip L. (Eds.) *Integrating moderately and severely handicapped learners - strategies that work* (pp. 267-281). Springfield, Illinois: Charles C. Thomas Publisher.

Gelzheiser, Lynn M., Shepherd, Margaret Jo, & Wozniak, Robert H. (1986). The development of instruction to induce skill transfer. *Exceptional Children*. *53*(2), 125-129.

Hannah, Marta A., Millhouse, John, Sauvageot, Ann, Froelich, Arlene, Zidar, Phyllis A., Spinks, Nancy L., & Landau, Paula S. (1977). SCIL: Systematic curriculum for independent living (Vol 1) (pp. 3-4). Novato, California: Academic Therapy Publications.

Jenkinson, Josephine (1984). What is mental retardation? (pp. 1-3). Victoria, Australia: Victoria College Press.

Kanner, Leo (1974). A history of the care and study of the mentally retarded. Springfield, Illinois: Charles C.Thomas Publisher.

Katz, Elias. (1968). The retarded adult in the community (pp. 73-81). Springfield, Illinois: Charles C. Thomas Publisher.

Kiernan, William E., & Stark, Jack A. (1986). Employment options for adults with developomental disabilities: A conceptual model. Remedial & Special Education, 7(6), 7-11.

Kokaska, Charles J., & Brolin, Donn E. (1985). Career education for handicapped individuals, (2nd ed.) (pp. 35-65, 325-348). Columbus, Ohio: Charles E. Merrill Publishing Company.

Krishef, Curtis H. (1983). An introduction to mental retardation (pp. 17-36). Springfield, Illinois: Charles C. Thomas Publisher.

Lilly, M. Stephen. (1985). The next 30 years in special education. In Brady, Michael P., & Gunter, Philip L. (Eds.) Integrating moderately and severely handicapped learners - strategies that work (pp. 295-310). Springfield, Illinois: Charles C. Thomas Publisher.

Lindsay, Janis. (1983). Career education for mentally handicapped adults (pp. 3, 9). Discussion Paper 01/83. Province of British Columbia: Ministry of Education.

Lord, John and Hearn, Cheryl. (1987) Return to the community: the process of closing an institution. Kitchener, Ontario: Centre for Research & Education in Human Services.

Lovett, David L. and Harris, Mary B. (1987). Important skills for adults with mental retardation: the client's point of view. Mental Retardation, 25(6), 351-356.

MacMillan, Donald L. (1977). Mental retgardation in school and society (1st ed.) (p. 38). Toronto: Little, Brown and Company.

MacMillan, Donald L. (1982). Mental retardation in school and society (2nd ed.). Toronto: Little, Brown and Company.

Marlett, N. J. (1980). Issues of competence and the dependent adults act. Edmonton, Alberta: Available from Public Guardian's Office.

Marlett, N. J. (1975). Levels of handicap prepared 1975 for services for the handicapped, Calgary region. Available from the St. Paul and District Association for the Handicapped.

Mattison, II, Marty E., & Rosenberg, Rebecca. (1985). The use of an ecological inventory to select individual education program objectives. In Brady, Michael P., & Gunter, Philip L. (Eds.). Integrating moderately and severely handicapped learners - strategies that work (pp. 137-148). Springfield, Illinois: Charles C. Thomas Publisher.

Mithaug, Dennis E., Martin, James E., & Agran, Martin. (1987). Adaptability instruction: the goal of transitional programming. Exceptional Children. 53(6), 500-505.

Moskowitz, S. (1984). Employment opportunities for the handicapped in the United States. In A. Carmi, E. Chigier, S. Schneider, (Eds.). Disability (p. 41). Berlin, Germany: Springer-Verlag Berlin Heidelberg.

National Institute on Mental Retardation. (1981). Orientation manual on mental retardation (pp. 1-24, 51-66). Toronto: NIMR Publishing and Printing Services.

Neisworth, John T., & Smith, Robert M. (1978). Retardation - issues assessment, and intervention (pp. 3-16, 85-112). New York: McGraw-Hill Book Company.

Novak, Angela R., & Heal, Laird W. (1980). Integration of developmentally disabled individuals into the community. Baltimore: Paul H. Brookes, Publishers.

Peck, Christine, & Hong, Chia Swee. (1988). Living skills for mentally handicapped people (pp. 10-17, 74-154). London: Croom Helm.

Sellin, Donald F. (1979). Mental retardation - nature, needs and advocacy (pp. 19-44). Boston: Allyn and Bacon, Inc.

Valletutti, Peter J., & Bender, Michael. (1982). Teaching interpersonal and community living skills - a curriculum model for handicapped adolescents and adults. Baltimore: University Park Press.

Walker, Hill M., & Calkins, Carl F. (1986). The role of social competence in the community adjustment of persons with developmental disabilities: Processes and outcomes. Remedial & Special Education. 7(6), 46-53.

Wehman, Paul and McLaughlin, Phillip J. (1980). Vocational curriculum for developmentally disabled persons (pp. 1-10). Baltimore: University Park Press.

Wolfensberger, Wolf. (1984). A reconceptualization of normalization as social role valorization. Canadian Journal on Mental Retardation. 34(2), 23-25.

# APPENDICES

# Appendix A

## Educational Programs Available for Adults With Mental Handicaps Living in the Edmonton Region

## Educational Programs Available for Adults With Mental Handicaps Living in the Edmonton Region

The following organizations provide educational programs in the Edmonton region for adults who have mental handicaps. The listing is not intended to be exhaustive, but rather representative of the types of educational services which are presently available. All information which follows is a verbatim extrapolation of entries found in A Directory of Community Services for the Edmonton Region 1989 (Community Connections).

Agencies which are listed may provide additional services to those shown below; this tabulation focused on educational programs for adults with mental handicaps in the areas of vocational education, and personal/social and daily living skills education.

### Vocational Education

Alberta Manpower, Training and Employment Services Division

**Affiliation:** Government of Alberta,

Address:
15th floor, Park Square,
10001 Bellamy Hill,
Edmonton, Alberta,
T5J 3W5.

Serves: -disadvantaged or disabled adults

Programs: Alberta Vocational Training Program

-offers support to adults who are unemployed, and require training to become employable.

Vocational Rehabilitation of Disabled Persons Program

-assists those persons who are unable to gain or find reasonable employment because of a permanent substantial mental or physical disability with a vocational handicap.

## Alberta Manpower, Training and Employment Services Division (continued)

-provides assistance for skill training, or related vocational rehabilitation services necessary for disabled persons to become economically self-sufficient. Special attention is given to the nature of the disability and the method of vocational rehabilitation in relation to employment opportunities available.

(Community Connections, Item 77).

(Further details available from
Alberta Vocational Centres or
Alberta Career Development Centres)

## Arch Enterprises and Training Association of Edmonton

Address:

9537 - 62 Avenue,
Edmonton, Alberta,
T6E OE1

Greenhouse Retail Store,
9537 - 62 Avenue, Rear,
Edmonton, Alberta,
T6E OE1

Serves: Intellectually impaired adults who may also have other handicapping conditions.

Programs: Vocational Training Program

-provides vocational training and guidance to persons with intellectual disabilities, who may also have other handicapping conditions, to facilitate their employment in a competitive work setting or advanced education program.

-offers vocational training which covers work adjustment skills, personal growth and development, skill training, and individual assessment.

-provides vocational guidance such as individual and group counselling, interpersonal job skills, job readiness, referrals to other community agencies as required, and follow-up support.

-operates three production areas, greenhouses, a woodworking department, and paper sleeve manufacturing.

### Arch Enterprises and Training Association of Edmonton (continued)

Community-Based Training Program

-provides work-experience placements of up to three months in community and or business work places for all interested Vocational Training Program participants.

-encourages employers to hire successful work-experience participants.

-provides active and inactive follow-up as necessary.

(Community Connections Item 120)

### Cerwood Enterprises

Affiliation: Edmonton Association for the Mentally Handicapped

Address:
46 Airport Road,
Edmonton, Alberta,
T5G 0W7.

Serves: Adults with a mental handicap.

Programs:

-provides a comprehensive vocational training system to allow each individual to progress with the ultimate goal of meaningful placement in the community (ie. competitive employment, work experience, volunteerism, supported employment).

-provides on-site community based training and support.

(Community Connections Item 199)

### Drayton Valley Association for the Developmentally Handicapped

Address:
Box 1550,
Drayton Valley, Alberta,
T0E 0M0

Serves: Developmentally handicapped adults

Programs: Beehive Workshop

-sponsors a vocational training centre to assist the developmentally handicapped reach their work potential.

## Drayton Valley Association for the Developmentally Handicapped (continued)

-provides vocational training and activity unit programming which includes wood products training and manufacturing, bottle depot workers, and community placement

(Community Connections Item 818).

## Goodwill Rehabilitation Services of Alberta

Address:
6320 - 99 Street,
Edmonton, Alberta,
T5J 2N9

Serves: Emotionally, physically, intellectually, socially or culturally disabled or disadvantaged persons

Programs: Work Adjustment Training Unit

-assists clients in developing work oriented behaviours, attitudes, habits and skills necessary for employment.

Transitional and Skills Training Unit

-provides clients with skill training opportunities and exposure to a realistic simulation of the work environment.

Placement and Follow-Up Unit

-places clients in work experience to provide suitable employment opportunities.

Industrial Operations

-provides training and employment for handicapped adults through the recycling plant and retail Goodie's General Stores. Work consists of collecting, cleaning, repair and resale of donated clothing, household items and furniture.

(Community Connections Item 346)

## L. Y. Cairns Vocational School

Affiliation: Edmonton Public School District #7

Address:
10510 - 45 Avenue,
Edmonton, Alberta,
T6H 0A1.

Serves: Educable mentally handicapped students, ages 11 to 19.

Programs:

-emphasizes work study and placement in senior years with half of the time devoted to vocational training.

-provides transitional programs to assist graduates in obtaining and retaining employment.

(Community Connections Item 386)

## Rehoboth, A Christian Association for the Mentally Handicapped of Alberta

Address:
Box 1089,
Stony Plain, Alberta,
T0E 2G0.

Serves: Mentally handicapped, ages 18 and over.

Programs: Vocational Program

-offers programs designed to enrich the work skills training of handicapped people and allow them to become self-sufficient members of the community.

-provides vocational training in woodworking and carpentry, and a greenhouse where experience in the field of horticulture and landscaping is gained.

-offers pre-vocational training in an activity program with emphasis on developing basic work skills.

-works closely with surrounding communities to achieve integration.

(Community Connections Item 837)

## Resources for the Dependent Handicapped

Affiliation: Alberta Social Services

Address:
15th Floor, Standard Life Centre,
10405 Jasper Avenue,
Edmonton, Alberta,
T5J 3N4.

Programs:
Vocational Training Centre,
17505 - 106 Avenue,
Edmonton, Alberta,
T5S 1E7.

-operates one adult training centre which can accommodate 39 people. Participants include adults living in the residences and those living with their families. Promotes individual growth and offers instruction in self-help skills, communication, cognitive skills, gross motor development, and prevocational training.

(Community Connections Item 495)

## Robin Hood Association for the Handicapped

Address:
3 Spruce Avenue,
Sherwood Park, Alberta,
T8A 2B6.

Serves: Mentally retarded and multiple handicapped persons.

Programs: Robin Hood Vocational Program

-provides a developmental program for mentally and multiply handicapped adults.

-Kaska Industries provides a vocational training program for mentally and multiply handicapped adults.

## Selections - A Career Support Service

Address:
207, 4209 - 99 Street,
Edmonton, Alberta,
T6E 5B3

Serves: Mentally handicapped, ages 15 to 30

Selections - A Career Support Service (continued)

Programs: -develops individual career plans for persons...plans are implemented in community based settings under the support and direction of the Selections counsellor.

-provides assistance to individuals obtaining employment through work experience and wage subsidies and provides on-going follow-up support as required or requested.

-offers work experience seminars held at post-secondary education facilities.

(Community Connections Item 518)

## Sheltered Workshop Society

Affiliation: Alberta Social Services, Vocational Rehabilitation Branch

Serves: Psychiatrically, emotionally, mentally disabled adults.

Programs: -provides vocational rehabilitation, guidance, and trade related skill instruction with the goal of re-integrating individuals into an independent role in the community.

-offers a community-based work experience program leading to job placement with follow up and consultation services available to employer and employee.

(Community Connections Item 528)

## Special Placement Program

Affiliation: Alberta Personnel Administration Office.

Address: 4th Floor, Kensington Place,
10011 - 109 Street,
Edmonton, Alberta,
T5J 3S8.

Serves: Physically, mentally, or emotionally disabled individuals 45 years of age and over.

Special Placement Program (continued)

| | |
|---|---|
| Programs: | -assists physically, mentally or emotionally disabled individuals and persons 45 years of age and over in acquiring skills through six month work experience projects to aid them in seeking competitive employment.<br>(Community Connections Item 539) |

Western Industrial Research and Training Centre

| | |
|---|---|
| Address: | 13325 St. Albert Trail,<br>Edmonton, Alberta,<br>T5L 4R3. |
| Serves: | Individuals with disabilities. |
| Programs: | -prepares adults with disabilities for employment.<br>-provides vocational training and employment in plastics, woodworking, packaging and assembly, clerical services and janitorial services.<br>-operates community based training programs, including the Partners in Progress program.<br>-provides classroom instruction in job readiness...<br>(Community Connections Item 589) |

Winnifred Stewart Adult Education Program

| | |
|---|---|
| Affiliation: | Edmonton Association for the Mentally Handicapped. |
| Address: | 11130 - 131 Street,<br>Edmonton, Alberta,<br>T5M 1C1. |
| Serves: | Adults who have a mental handicap |
| Programs: | -offers programs in career studies which includes career awareness, career exploration, and career preparation.<br>-provides support for students who choose to work in the community.<br>(Community Connections Item 591) |

## Personal/Social and Daily Living Skills

### Cerwood Enterprises

(see previously listed demographics)

Programs: -identifies individual's needs in areas other than vocational (ie. social, academic, recreational) and provides information regarding access to community agencies thereby promoting personal growth and development.

-ensures that each individual has the opportunity to access all available services and options that will promote independence.

(Community Connections Item 199)

### Community Behavioral Services

Affiliation: Alberta Social Services

Address:
12813 - 116 Avenue,
Edmonton, Alberta,
T5M 3C8.

Serves: Individuals with mental handicaps, ages 3 and up

Programs: Intensive Support Program

-offers intensive support workers for children and adults who focus on training in self-help, social and behavioural skills in community settings.

(Community Connections Item 218)

### Edmonton Association for the Mentally Handicapped

Address:
11130 - 131 Street,
Edmonton, Alberta,
T5M 1C1.

Serves: Mentally handicapped adults, ages 18 and over

Programs: Lou Russell House and Jacob Wener House, community-based Edmonton Association for the Mentally Handicapped residences.

Edmonton Association for the Mentally Handicapped (continued)

-assists residents to meet their physical, medical, recreational, environmental and programming needs, and encourages independent living skills such as preparation of their own menus, shopping, housework, and personal banking.

(Community Connections Item 255)

Elves Memorial Child Development Society

Address:

10825 - 142 Street,
Edmonton, Alberta,
T5N 3Y7.

Serves: -Severely Handicapped Children and Adults

Programs: Adult Program

-provides an alternative day program to dependent handicapped adults.

-offers small group and individual instruction and support in programming areas including: communication, personal care, daily living skills, social, recreation and leisure activities.

-encourages development and use of skills to greatest degree of independence.

(Community Connections Item 318)

Good Samaritan Society

Address:

5400 - 99 Street,
Edmonton, Alberta,
T6H 5A2

Serves: Senior citizens, mentally and physically disabled

Programs: Residential Care for the Mentally Retarded

-provides supervision in residential and group home settings for mentally handicapped adults who are independent in self-care. Uses the principles of normalization in teaching life skills.

(Community Connections Item 345)

## Goodwill Rehabilitation Services of Alberta

(see previously listed demographic information)

Programs: Academic/Living Skills Program

-provides a functional program which upgrades the academic and living skills of the students, encouraging greater independence.

-offers classes in community awareness, cooking and nutrition, home management, mathematics, communication skills, personal hygiene, physical education, and creative arts.

Prevocational Program

-stresses social skills in the areas of proper work habits and behaviour. This program is open to students who have reached an advanced level in the Academic/Living Skills Program. Upon completion, students may be transferred to a vocational centre or a sheltered workshop.

(Community Connections Item 346)

## Rehoboth, A Christian Association for the Mentally Handicapped of Alberta

(see previously listed demographic information)

Programs: Residential Program

-provides a Christian home environment and individualized training and counsel for up to twenty-one mentally handicapped persons.

-offers sufficient skill training to permit eventual independence in the community. Each individual trainee has an opportunity to discover, develop, and further both personal and interpersonal skills.

(Community Connections Item 837)

## Resources for the Dependent Handicapped

(see previously listed demographic information)

| | |
|---|---|
| Programs: | Residences |

-operates 14 group homes in various communities within Edmonton...develops individual programs for each person...programs may include self-help skills, socialization, recreation, and community programs.

(Community Connections Item 495)

## Skills Training and Support Services Association

Affiliation: Alberta Social Services

Address:
2nd floor, 10010 - 107 A Avenue,
Edmonton, Alberta,
T5H 4H8

Serves: Mentally handicapped adults and sensory impaired multiply handicapped children.

Programs: Assessment and Training Program (ATP)

-provides basic independence development training to a maximum of six moderately mentally handicapped adults, age 18 to 45 in an apartment setting. Program emphasis includes apartment management, grooming and hygiene, social skills, and community awareness. Graduates of program will move on to live successfully in their own apartment.

Outreach Services

-provides independent living skills training and support on an outreach basis to mildly and moderately handicapped clients age 18 and over, in the individual's own home in the community (eg. own or shared apartment, and so on). Training areas include apartment management, cooking skills, banking and budgeting, recreation and leisure, and social maturity.

Skills Training and Support Services Association (continued)

Jasper Place Group Home and Calder Group Home

-provides basic independence development training to a maximum of three Level II (moderately mentally handicapped) adults, aged 18 to 45 in a group home setting. Program emphasis includes money skills, grooming and hygiene, social skills and community awareness.

Westmount Residence

-provides community orientation, recreation and leisure activities and basic independence skill enhancement to a maximum of six Level II - III clients aged 45 years and older.

(Community Connections Item 531).

Winnifred Stewart Adult Education Program

(see previously listed demographic information)

Programs: -offers skills instruction in the following areas: consumerism and citizenship, resident and domestic, career access and recreation and leisure.

(Community Connections Item 591)

# Appendix B

## Questionnaire 1

## Questionnaire 2

# QUESTIONNAIRE SURVEY 1

## Adult Basic Skills

## For People With Mental Handicaps

## To Function In Alberta Society

May, 1989

## TO THE PARTICIPANT

The Adult Basic Skills for People With Mental Handicaps Study is being conducted by Ann Lind-Wilson for her Thesis in partial fulfilment of the requirements for a Master of Education Degree, Adult and Higher Education, University of Alberta, Department of Industrial and Vocational Education.

The aim of the research is to gather perceptions from workers who serve adults with mental handicaps in two questionnaire surveys relative to:

- What basic skills are required by people with mental handicaps to function effectively in Alberta society? (Questionnaire 1)
- What basic skills help to meet basic needs? (Questionnaire 1)
- What is the probability that people with mild, moderate or severe mental handicaps can attain each skill? (Questionnaire 2)
- Who should the primary source of assistance be to people with mental handicaps in their endeavour to acquire each skill? (Questionnaire 2)

The anticipated results of the study are that information may be derived which could benefit workers in the field to gain insight into:

- A profile of basic skills that are attainable and deemed necessary for people who have mental handicaps to function in the larger society within which they live;
- Which basic skills help to meet basic needs;
- Whether the workers, the people with mental handicaps, family or community members should be the primary source to help persons who have mental handicaps to attain each skill; and

that workers could:

- Use as a resource tool, the resulting profile of adult basic skills unique to Alberta society, to augment the development of individual program plans for their adult clients to help them integrate into the society within which they live and meet their basic needs.

# QUESTIONNAIRE 1 – PURPOSE

The purpose of this questionnaire is to gather perceptions from workers in the field serving adults with mental handicaps regarding:

WHAT ARE THE BASIC SKILLS REQUIRED BY ADULTS WITH MENTAL HANDICAPS TO FUNCTION IN ALBERTA SOCIETY?

From a listing of adult basic skills, derived from the "Adult Basic Skills for Adults Living in Alberta" Study (Collett, Deane, Kendal & Brooks, 1982), you are asked to identify which skills are applicable to adults with mental handicaps to function effectively in Alberta society.

and

WHICH BASIC SKILLS FACILITATE MEETING EACH BASIC NEED?

From a listing of basic needs, derived from the St. Paul and District Association for the Handicapped listing, and used in the "Basic Needs Attainment of the Handicapped" Study (Collett & Lind-Wilson, 1989), you are asked to indicate the primary need which each applicable skill helps to meet.

*__Please note:__*

This questionnaire does not distinguish between the different levels of mental handicaps. Participants are asked to consider adults overall with mental handicaps when answering the questions in this survey. EVEN IF YOU FEEL THE SKILL MAY BE APPLICABLE ONLY TO HIGHER FUNCTIONING PEOPLE WITH MENTAL HANDICAPS, PLEASE INDICATE THAT YOU BELIEVE IT IS A SKILL APPLICABLE TO PERSONS WITH MENTAL HANDICAPS.

The subsequent survey (Questionnaire 2) will ask you to consider classifications of mental handicaps (mild, moderate and severe) in a continued exploration of skills relative to the probability that the skills can be attained and who the primary source of assistance should be to help people with mental handicaps to acquire the skills.

You have been invited to participate in this study because of the experience and expertise you possess in having worked with people who have mental handicaps. Your contribution is appreciated.

Your participation is voluntary; you may withdraw from participation in this study at any time. Your anonymity is assured and responses will be treated with confidentiality; no mechanism has been implemented on the questionnaire surveys to identify participants.

Instructions and an Example Question follow.

## QUESTIONNAIRE 1 – INSTRUCTIONS AND EXAMPLE QUESTION

In this questionnaire, you are asked to consider two questions:

IS THE SKILL APPLICABLE TO ADULTS WITH MENTAL HANDICAPS?

Please indicate whether or not you believe the skills listed are applicable to adults with mental handicaps to function in Alberta society by placing an "X" in the appropriate box – either "No" or "Yes".

If you answer "No" the arrow pointing down signifies you are to proceed to the next skill. If you answer "Yes" the arrow pointing to the right signifies you are to consider the question which addresses the need facilitated by the skill.

WHICH BASIC SKILLS FACILITATE MEETING EACH BASIC NEED?

If you answered "Yes" that the skill is applicable to people with mental handicaps, choose the basic need which is helped the most by the skill and place an "X" in the appropriate box. You may feel that some skills help to meet more than one need, but please select the need which you feel is helped the most.

EXAMPLE QUESTION:

Is The Skill Applicable to Adults with Mental Handicaps?

The Skill Helps to Meet Which Need (Please "X" One Need)

| SKILL: | No ↓ | Yes → | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0. Identify & Use Sources of Health & Safety Assistance | | X | | | | | | | | | X | |
| 0. Recognize Interdependence of Individuals, Community and Society | X | | | | | | | | | | | |

## QUESTIONNAIRE 1

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? |  | The Skill Helps to Meet Which Need? (Please "X" One Need) |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | No ↓ | Yes → | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
| 1. Practice Personal Hygiene |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Recognize and Act Upon Symptoms of Illness |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Responsibly Use Drugs and/or Alcohol |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Practice Traffic Safety |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Use Emergency First Aid Techniques |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Store and Handle Food Safely |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Assist in Maintenance of the Health and Safety of the Community |  |  |  |  |  |  |  |  |  |  |  |  |

## QUESTIONNAIRE 1

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? |  | The Skill Helps to Meet Which Need? (Please "X" One Need) |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | No ↓ | Yes → | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
| 8. Recognize and Act Upon Unsafe Conditions |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Practice Proper Sanitation |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. Identify and Interpret Safety Symbols |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. Obtain Knowledge of Occupational Options |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. Assess Own Occupational Potential |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. Acquire Marketable Skills |  |  |  |  |  |  |  |  |  |  |  |  |
| 14. Find, Apply For, And Get A Job |  |  |  |  |  |  |  |  |  |  |  |  |

## QUESTIONNAIRE 1

The Skill Helps to Meet Which Need? (Please "X" One Need)

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? | | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No ↓ | Yes → | | | | | | | | | | |
| 15. Keep A Job (Meet Job Requirements | | | | | | | | | | | | |
| 16. Determine If Job Meets Personal Expectations And Responsibilities | | | | | | | | | | | | |
| 17. Identify With Needs/ Roles of Others in Relation to Job | | | | | | | | | | | | |
| 18. Plan and Manage Occupational Advancement/ Development | | | | | | | | | | | | |
| 19. Understand Deduction And Benefit Packages Available | | | | | | | | | | | | |
| 20. Plan and Manage Retirement | | | | | | | | | | | | |
| 21. Participate in Appropriate Job Related Affiliations and Organizations | | | | | | | | | | | | |

## QUESTIONNAIRE 1

The Skill Helps to Meet Which Need? (Please "X" One Need)

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? |  | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | No ↓ | Yes → |  |  |  |  |  |  |  |  |  |  |
| 22. Plan and Prepare Nutritious Meals |  |  |  |  |  |  |  |  |  |  |  |  |
| 23. Plan A Family |  |  |  |  |  |  |  |  |  |  |  |  |
| 24. Parent Effectively |  |  |  |  |  |  |  |  |  |  |  |  |
| 25. Meet The Needs Of Spouse |  |  |  |  |  |  |  |  |  |  |  |  |
| 26. Plan A Budget |  |  |  |  |  |  |  |  |  |  |  |  |
| 27. Implement Budget: Use Banking Services Effectively |  |  |  |  |  |  |  |  |  |  |  |  |
| 28. Implement Budget: Use Credit Effectively |  |  |  |  |  |  |  |  |  |  |  |  |

## QUESTIONNAIRE 1

The Skill Helps to Meet Which Need? (Please "X" One Need)

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? | | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No ↓ | Yes → | | | | | | | | | | |
| 29. Meet Transportation Needs | | | | | | | | | | | | |
| 30. Implement Budget: Be Effective In Purchasing Goods and Services | | | | | | | | | | | | |
| 31. Meet Insurance Needs | | | | | | | | | | | | |
| 32. Obtain/Maintain Accommodation (Through Renting, Buying, Building) | | | | | | | | | | | | |
| 33. Plan and Use Leisure Time | | | | | | | | | | | | |
| 34. Understand, Identify, and Cope With Taxation Process | | | | | | | | | | | | |
| 35. Maintain Records (e.g. Checking Acct.,Immunization, Health Records) | | | | | | | | | | | | |

## QUESTIONNAIRE 1

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? | | The Skill Helps to Meet Which Need? (Please "X" One Need) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No ⬇ | Yes ➡ | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological - Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
| 36. Manage Mobility (Effect of Moving on Family) | | | | | | | | | | | | |
| 37. Develop An Estate Plan | | | | | | | | | | | | |
| 38. Understand Purpose of Laws & Effects on Individual | | | | | | | | | | | | |
| 39. Abide by the Law | | | | | | | | | | | | |
| 40. Seek and Use Legal Assistance as Needed | | | | | | | | | | | | |
| 41. Interpret Current Events | | | | | | | | | | | | |
| 42. Understand/Exercise Rights Responsibilities & Privileges of a Citizen | | | | | | | | | | | | |

## QUESTIONNAIRE 1

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? | | The Skill Helps to Meet Which Need? (Please "X" One Need) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No ↓ | Yes → | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
| 43. Participate in Community Affairs | | | | | | | | | | | | |
| 44. Utilize Community Resources | | | | | | | | | | | | |
| 45. Assume Responsibility for Individuals With Special Needs | | | | | | | | | | | | |
| 46. Recognize the Need for and the Application of Self Discipline | | | | | | | | | | | | |
| 47. Motivate Self, Developing A Positive Self Image | | | | | | | | | | | | |
| 48. Assert Self (Stand Up For What You Believe) | | | | | | | | | | | | |
| 49. Responsible & Accountable For Own Actions/Behaviour | | | | | | | | | | | | |

## QUESTIONNAIRE 1

The Skill Helps to Meet Which Need? (Please "X" One Need)

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? |  | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | No ↓ | Yes → |  |  |  |  |  |  |  |  |  |  |
| 50. Recognize Personal Physical Needs |  |  |  |  |  |  |  |  |  |  |  |  |
| 51. Recognize and Maintain Personal Mental Needs |  |  |  |  |  |  |  |  |  |  |  |  |
| 52. Recognize and Deal With Emotions |  |  |  |  |  |  |  |  |  |  |  |  |
| 53. Recognize Influences of Personal Culture, Tradition, and Customs |  |  |  |  |  |  |  |  |  |  |  |  |
| 54. Adapt to Change |  |  |  |  |  |  |  |  |  |  |  |  |
| 55. Cope With Crisis Situations |  |  |  |  |  |  |  |  |  |  |  |  |
| 56. Acquire Interpersonal Skills |  |  |  |  |  |  |  |  |  |  |  |  |

## QUESTIONNAIRE 1

The Skill Helps to Meet Which Need? (Please "X" One Need)

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? |  | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | No ↓ | Yes → |  |  |  |  |  |  |  |  |  |  |
| 57. Recognize Achievement In Others |  |  |  |  |  |  |  |  |  |  |  |  |
| 58. Be Accepting of Other's Positions and Compromise Appropriately |  |  |  |  |  |  |  |  |  |  |  |  |
| 59. Respond To And Help Others |  |  |  |  |  |  |  |  |  |  |  |  |
| 60. Be Considerate of the Morals and Values of Others |  |  |  |  |  |  |  |  |  |  |  |  |
| 61. Appreciate Cultural Differences |  |  |  |  |  |  |  |  |  |  |  |  |
| 62. Heuristic Problem Solving |  |  |  |  |  |  |  |  |  |  |  |  |
| 63. Apply Problem Solving Technique to Make Rational and Reasonable Decisions |  |  |  |  |  |  |  |  |  |  |  |  |

## QUESTIONNAIRE 1

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? | | The Skill Helps to Meet Which Need? (Please "X" One Need) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No ↓ | Yes → | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
| 64. Think | | | | | | | | | | | | |
| 65. Participate in Verbal Communication Including Sign Language | | | | | | | | | | | | |
| 66. Recall Ideas and Information | | | | | | | | | | | | |
| 67. Interpret Graphical, Pictorial, and Symbolic Information | | | | | | | | | | | | |
| 68. Read and Interpret Signs and Labels | | | | | | | | | | | | |
| 69. Read for Comprehension | | | | | | | | | | | | |
| 70. Write to Express An Idea or Convey Information | | | | | | | | | | | | |

## QUESTIONNAIRE 1

| SKILL: | Is The Skill Applicable to Adults with Mental Handicaps? | | The Skill Helps to Meet Which Need? (Please "X" One Need) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No ⬇ | Yes ➡ | Acceptance and Value As A Person | Independence/Control Over Own Life | Learning New Skills, Knowledge, Attitudes | Meaningful & Productive Activity (work, etc.) | Physical & Psychological Recreation | Friendships & Loving Relationships | Food, Clothing & Shelter | Moral & Spiritual Development | Health & Safety of Self & Others | Support from Community and Society |
| 71. Communicate Using Electro Mechanical Aids | | | | | | | | | | | | |
| 72. Perform Basic Mathematical Operations | | | | | | | | | | | | |
| 73. Apply Basic Mathematical Operations | | | | | | | | | | | | |
| 74. Perform Mathematical Calculations Using Electro Mechanical Aids | | | | | | | | | | | | |
| 75. Gather Information | | | | | | | | | | | | |
| 76. Relate Ideas | | | | | | | | | | | | |
| 77. Transfer Skills And Knowledge To Other Applications | | | | | | | | | | | | |

## QUESTIONNAIRE 1

**Please list any ADULT BASIC SKILLS FOR PEOPLE WITH MENTAL HANDICAPS which were not provided in the foregoing section that you believe are necessary to function in Alberta society. Please list which need is helped the most by the skill you list. For your reference, the needs from which to choose are:**

- Acceptance and Value as a Person
- Independence/Control Over Own Life
- Learning New Skills, Knowledge and Attitudes
- Meaningful & Productive Activity (work, etc.)
- Physical & Psychological Recreation
- Friendships & Loving Relationships
- Food, Clothing & Shelter
- Moral & Spiritual Development
- Health & Safety of Self & Others
- Support from Community & Society

| **Skill:** | **Helps to Meet the Following Need:** |
|---|---|
| | |
| | |
| | |
| | |
| | |

# QUESTIONNAIRE SURVEY 2

## Adult Basic Skills
## For People With Mental Handicaps
## To Function In Alberta Society

May, 1989

## QUESTIONNAIRE 2
## INSTRUCTIONS AND EXAMPLE QUESTION

**WHAT IS THE PERCEIVED PROBABILITY THAT MILDLY, MODERATELY AND SEVERELY MENTALLY HANDICAPPED ADULTS CAN ATTAIN EACH BASIC SKILL?**

**Instructions:**

Please indicate your opinion of the likelihood that each of the following groups of people with mental handicaps (mild, moderate or severe mental handicaps) can achieve the following skills. A scale of 1 (Very Likely) through 5 (Very Unlikely) is provided.

CIRCLE ONE NUMBER ON EVERY LINE.

**WHO SHOULD BE THE PRIMARY SOURCE OF ASSISTANCE TO PEOPLE WITH MENTAL HANDICAPS IN THEIR ENDEAVOURS TO ATTAIN EACH BASIC SKILL?**

**Instructions:**

Please indicate who you believe should be the primary source of assistance to the following groups of people with mental handicaps (mild, moderate or severe mental handicaps) in their endeavours to achieve each skill. Four choices are provided:

A – Worker
    A worker in the field serving people with mental handicaps.

B – FAMILY
    The family of the handicapped individual.

C – COMMUNITY
    People in the community in which the person with a mental handicap is located.

D – SELF
    The person with a mental handicap helping self.

CIRCLE ONE LETTER ON EVERY LINE.

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 0. Identify & Use Sources of Health & Safety Assistance | Mild – Level 1 | [✓ 1] | 2 | 3 | 4 | 5 | A | B | C | [✓ D] |
| | Moderate – Level 2 | 1 | [✓ 2] | 3 | 4 | 5 | [✓ A] | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | [✓ 5] | [✓ A] | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 1. Practice Personal Hygiene | Mild — Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate — Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe — Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 2. Recognize and Act Upon Symptoms of Illness | Mild — Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate — Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe — Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 3. Responsibly Use Drugs and/or Alcohol | Mild — Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate — Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe — Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 4. Practice Traffic Safety | Mild — Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate — Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe — Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) |  |  |  |  | Primary Source of Assistance (Please circle one letter on each line.) |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|
|  |  | Very Likely | ⟷ |  |  | Very Unlikely | Worker | Family | Community | Self |
| 5. Use Emergency First Aid Techniques | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 6. Store and Handle Food Safely | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 7. Assist in Maintenance of the Health and Safety of the Community | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 8. Recognize and Act Upon Unsafe Conditions | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟵ | | ⟶ | Very Unlikely | Worker | Family | Community | Self |
| 9. Practice Proper Sanitation | Mild — Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate — Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe — Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 10. Identify and Interpret Safety Symbols | Mild — Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate — Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe — Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 11. Obtain Knowledge of Occupational Options | Mild — Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate — Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe — Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 12. Assess Own Occupational Potential | Mild — Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate — Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe — Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 13. Acquire Marketable Skills | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 14. Find, Apply For, And Get A Job | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 15. Keep A Job (Meet Job Requirements) | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 16. Determine If Job Meets Personal Expectations And Responsibilities | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 17. Identify With Needs/Roles of Others in Relation to Job | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 18. Plan and Manage Occupational Advancement/ Development | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 19. Understand Deduction And Benefit Packages Available | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 20. Plan and Manage Retirement | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Very Likely | ⟷ | | | Very Unlikely | | Worker | Family | Community | Self |
| 21. Participate in Appropriate Job Related Affiliations and Organizations | Mild – Level 1 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| | Moderate – Level 2 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| | Severe – Level 3 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| 22. Plan and Prepare Nutritious Meals | Mild – Level 1 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| | Moderate – Level 2 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| | Severe – Level 3 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| 23. Plan A Family | Mild – Level 1 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| | Moderate – Level 2 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| | Severe – Level 3 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| 24. Parent Effectively | Mild – Level 1 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| | Moderate – Level 2 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |
| | Severe – Level 3 | ________ | 1 | 2 | 3 | 4 | 5 | ________ | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 25. Meet The Needs of Spouse | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 26. Plan A Budget | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 27. Implement Budget: Use Banking Services Effectively | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 28. Implement Budget: Use Credit Effectively | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) |  |  |  |  | Primary Source of Assistance (Please circle one letter on each line.) |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|
|  |  | Very Likely | ⟵ | ⟷ | ⟶ | Very Unlikely | Worker | Family | Community | Self |
| 29. Meet Transportation Needs | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 30. Implement Budget: Be Effective In Purchasing Goods and Services | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 31. Meet Insurance Needs | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 32. Obtain/Maintain Accommodation (Through Renting, Buying, Building) | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
|  | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | | ⟷ | | Very Unlikely | Worker | Family | Community | Self |
| 33. Plan and Use Leisure Time | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 34. Understand, Identify, and Cope With Taxation Process | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 35. Maintain Records (e.g. Checking Account, Immunization, Health Records) | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 36. Manage Mobility (Effect of Moving on Family) | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 37. Develop An Estate Plan | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 38. Understand Purpose of Laws & Effects on Individual | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 39. Abide by the Law | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 40. Seek and Use Legal Assistance as Needed | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 41. Interpret Current Events | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 42. Understand/ Exercise Rights Responsibilities & Privileges of a Citizen | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 43. Participate in Community Affairs | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 44. Utilize Community Resources | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 45. Assume Responsibility for Individuals With Special Needs | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 46. Recognize the Need for and the Application of Self Discipline | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 47. Motivate Self Developing A Positive Self Image | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 48. Assert Self (Stand Up For What You Believe) | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 49. Responsible & Accountable For Own Actions/ Behaviour | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 50. Recognize Personal Physical Needs | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 51. Recognize and Maintain Personal Mental Needs | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 52. Recognize and Deal With Emotions | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | | ⟷ | | Very Unlikely | Worker | Family | Community | Self |
| 53. Recognize Influences of Personal Culture Tradition, and Customs | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 54. Adapt to Change | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 55. Cope With Crisis Situations | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 56. Acquire Interpersonal Skills | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 57. Recognize Achievement In Others | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 58. Be Accepting of Other's Positions and Compromise Appropriately | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 59. Respond To And Help Others | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 60. Be Considerate of the Morals and Values of Others | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | | ⟷ | | Very Unlikely | Worker | Family | Community | Self |
| 61. Appreciate Cultural Differences | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 62. Understand Self As A Learner | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 63. Manage Self As A Learner | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 64. Understand The Learning Environment | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 65. Utilize Various Learning Methods | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 66. Practical Thinking | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 67. Recall And Apply Data To New Situations | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 68. Problem Solving | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 69. Participate in Verbal Communication Including Sign Language | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 70. Recall Ideas and Information | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 71. Read and Interpret Signs and Labels | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 72. Read for Comprehension | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 73. Write To Express An Idea Or Convey Information | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 74. Communicate Using Electro Mechanical Aids | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 75. Perform Basic Mathematical Operations | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 76. Apply Basic Mathematical Operations | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

| Skill: | Level of Handicap: | Probability of Skill Attainment (Please circle one number on each line.) | | | | | Primary Source of Assistance (Please circle one letter on each line.) | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Very Likely | ⟷ | | | Very Unlikely | Worker | Family | Community | Self |
| 77. Perform Mathematical Calculations Using Electro Mechanical Aids | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 78. Interpret Graphical, Pictorial, And Symbolic Information | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| 79. Understand and Deal With Personal Relationships Including Sexuality | Mild – Level 1 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Moderate – Level 2 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |
| | Severe – Level 3 | 1 | 2 | 3 | 4 | 5 | A | B | C | D |

## TO THE PARTICIPANT

This is the second and last questionnaire survey for The Adult Basic Skills for People With Mental Handicaps Study.

This Questionnaire focuses on:

(1) The probability that people with mild, moderate and severe mental handicaps can achieve each skill; and

(2) Who should be the primary source of assistance to people with mental handicaps in their endeavours to acquire each skill.

The Study is being conducted by Ann Lind-Wilson for her Thesis for a Master of Education Degree, Adult and Higher Education.

Your participation is voluntary; you may withdraw from participation in this study at any time. Your anonymity is assured and responses will be treated with confidentiality; no mechanism has been implemented on the questionnaire surveys to identify participants.

IF YOU WISH TO PARTICIPATE IN THE GROUP WORKSHOP SESSION WHICH WILL CONSIDER THE RESULTS OF THE QUESTIONNAIRE SURVEYS AND DEVELOP THE FINAL PROFILE OF ADULT BASIC SKILLS FOR PEOPLE WITH MENTAL HANDICAPS, PLEASE INDICATE YOUR INTEREST BY COMPLETING THE VOLUNTEER SHEET PROVIDED.

THANK YOU FOR YOUR VALUED CONTRIBUTION.

# LEVELS OF HANDICAP

## Prepared 1975 for Services for the Handicapped, Calgary Region

N. J. Marlett

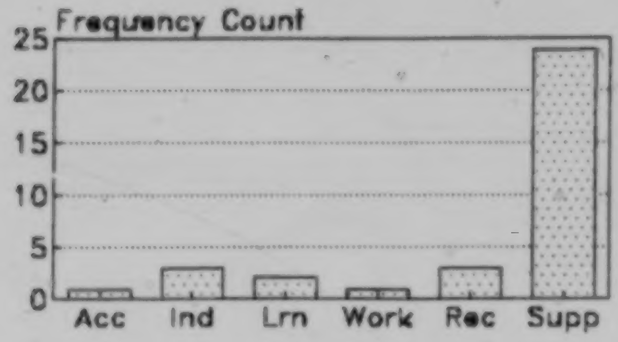
| | LEVEL 4 | LEVEL 3 | LEVEL 2 | LEVEL 1 |
|---|---|---|---|---|
| **SUPERVISION AND CARE** | Extensive medical/physical care. Supervision & total care required because of multiple physical difficulties, eg a) body rigidity & fragility requiring positioning for congestion/bed sores. | Regular medical nursing provision required because of multiple physical disabilities, eg. a) supervision of staff in transferring patients, b) ileostomy/colostomy supervision, c) protection against self injury, d) brittle epileptic. | Some degree of nursing and medical backup required, eg a) supervision of drugs, b) protection against common danger, c) controlled epileptic, d) regular skin care. | Minor medical treatments carried out mainly by individual, eg. regular meds., skin care. |
| **MOTOR CONTROL/ MOBILITY** | Motor control severely affected due to spasm or limpness - a) few spontaneous movements, b) could be in wheelchair but must be propped and pushed. | Some mobility - a) in wheelchair with functional movement (lower/upper limbs or head), needs transfer, b) crawls or walks with assistance, c) walks but sensory deficit makes unescorted travel difficult. | Generally mobile - a) walks alone but awkward or with cane/walker, b) in wheelchair - self propelled & self transfer, c) blind but can travel in familiar terrain, d) gross or fine motor coordination difficulties, eg. c.p. | General motor control. May have hand/eye coordination difficulties or some balance problems. |
| **SOCIALIZATION/ COMMUNICATION** | Very difficult or impossible to understand - a) few spontaneous vocalizations apart from fear, hunger, pain, b) some awareness of environment apart from response to cuddling & sharp environmental changes, c) focuses on moving objects, d) becomes excited before regular events. | Can, with assistance, make needs known - a) has some clear words, gestures or signals, b) understands some basic concepts, color, size, c) understands simple directions & responds to praise & censure, d) aware of surroundings but communication restricted, e) relates to others in structured setting. | Relates well to others in a familiar structured setting - a) communicates in short sentences (tends to be rote language), b) adapts to new situations with assistance, c) understands most directions with practice, d) reads social sight words, can write name. | Good concrete language but with conceptual/abstract difficulties. Varied, spontaneous language. Good conversational skills. Can read & write simple English & do simple arithmetic. |
| **DEVELOPMENTAL SKILLS** | Minimal skills in terms of eating, toileting or dressing, could help with feeding, dressing, etc. | Feeds, dresses & toilets self with assistance or close supervision. Could be in structured recreational or occupational day program. | Self care with some supervision or special architectural assists. Basic homemaking & vocational skills with practice. | Self help generally sufficient. Community residential & vocational skills with practice but needs some assistance with budgeting & time management. |
| **BEHAVIOUR** | Dangerous toward self, others or property & as a result cannot be handled in any existing program. | Unacceptable or disruptive behaviour or complete lack of motivation. | Undesirable behaviour, poor motivation. | No specific behaviour problem although some inappropriate behaviour is evident. |

# Appendix C

## Data Information Package

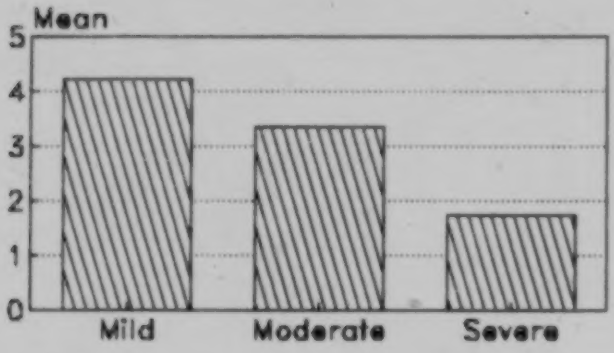
# SUPPORT FROM THE COMMUNITY AND SOCIETY

# 44. Utilize Community Resource Needs



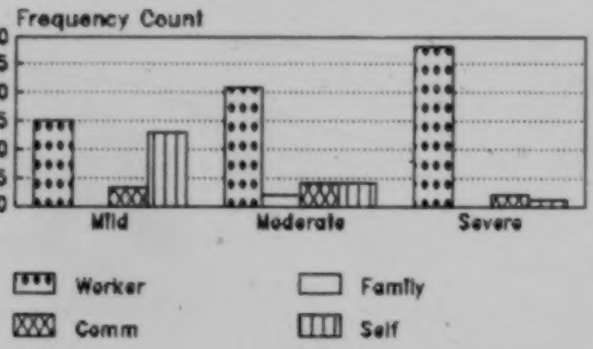
Validated 90%

Attainment Probability

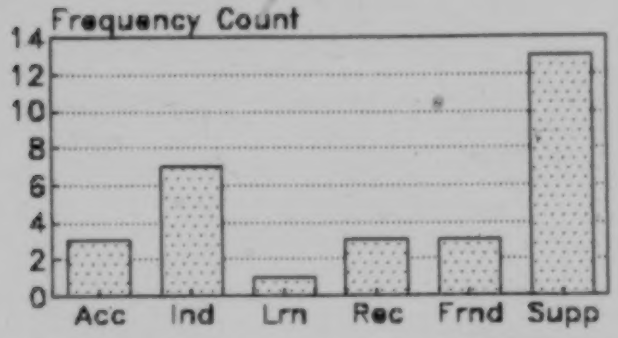


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

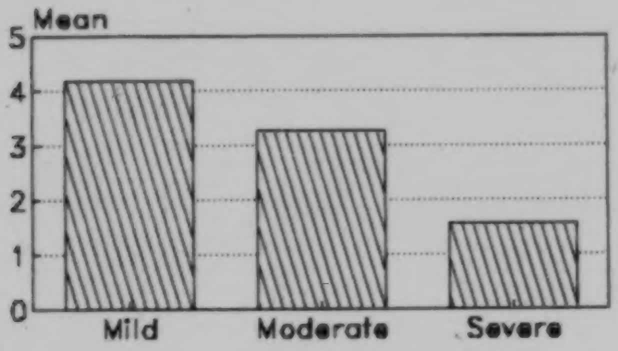


# 43. Participate in Community Affairs – Needs



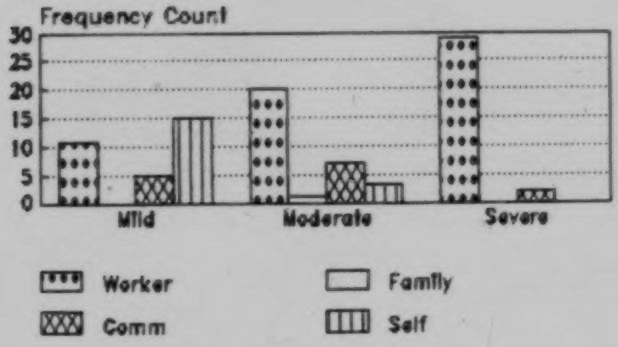
Validated 79%

Attainment Probability

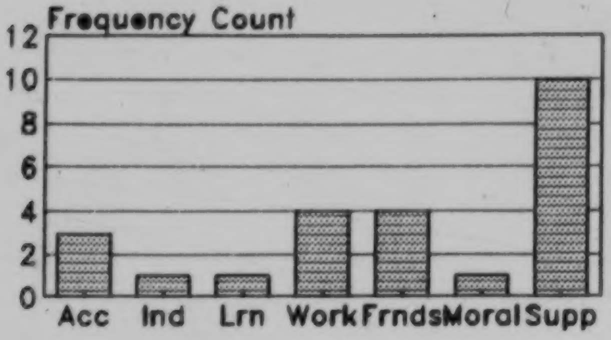


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

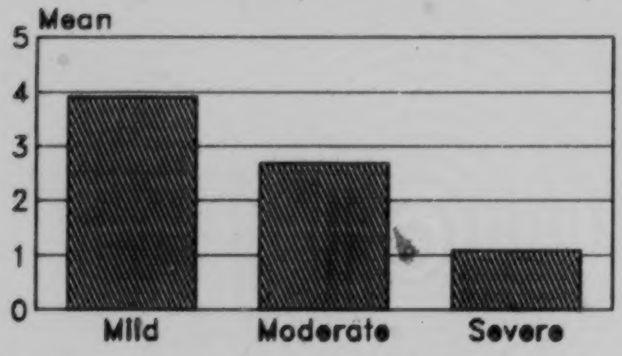


## 21. Participate in Job Related Affiliations/Orgnztns -Needs



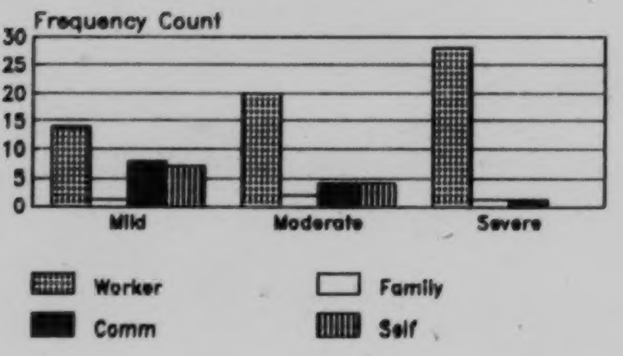
Validated 63%

Attainment Probability



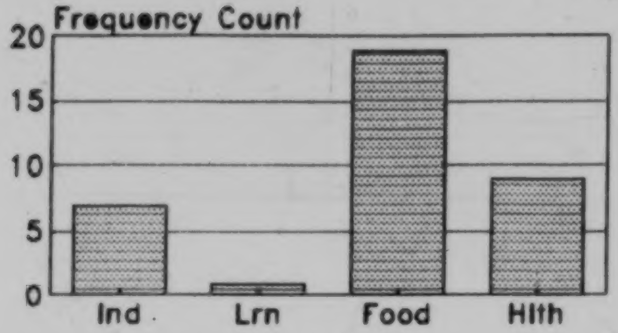
Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



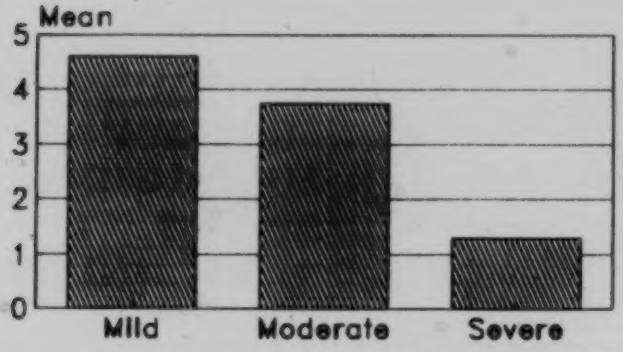
# FOOD, CLOTHING AND SHELTER

# 22. Plan/Prepare Nutritious Meals – Needs



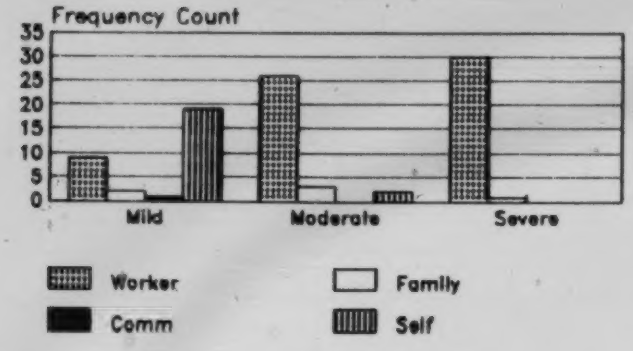
Validated 95%

Attainment Probability

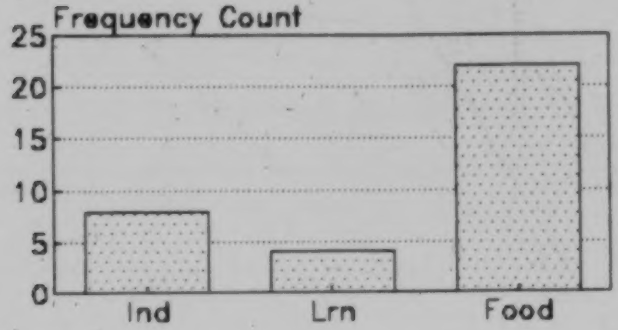


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

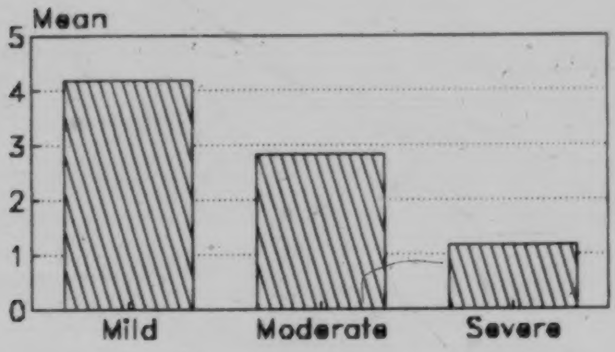


## 32. Obtain/Maintain Accommodation (Rent,Buy,Build)-Needs



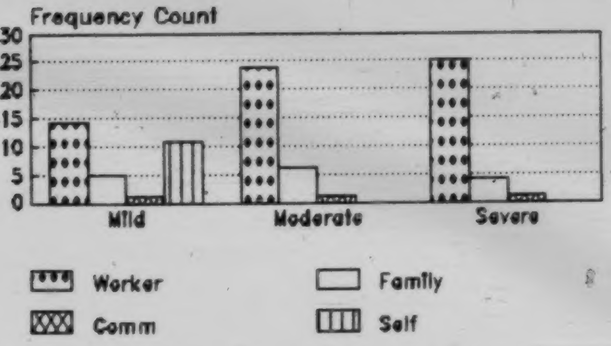
Validated 90%

Attainment Probability



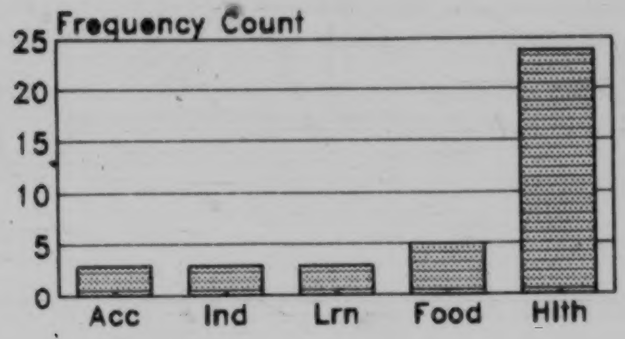
Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



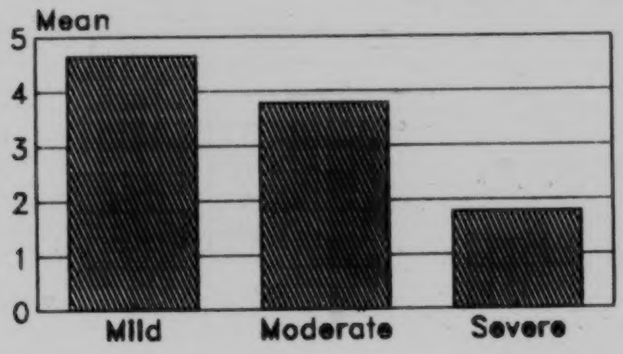
# HEALTH AND SAFETY OF SELF AND OTHERS

## 9. Practice Proper Sanitation Needs



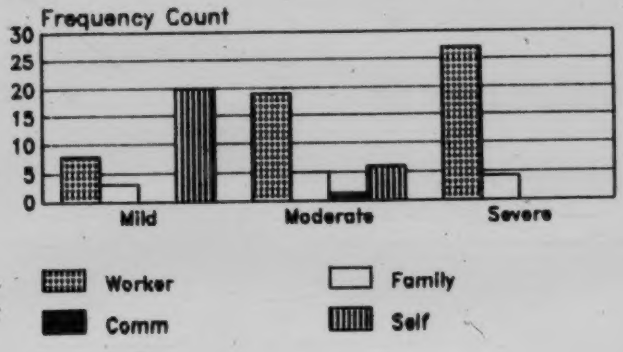
Validated 100%

Attainment Probability

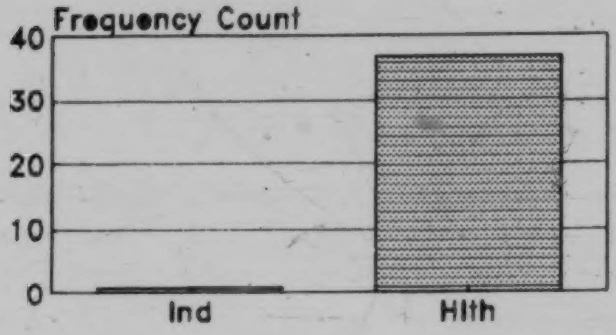


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

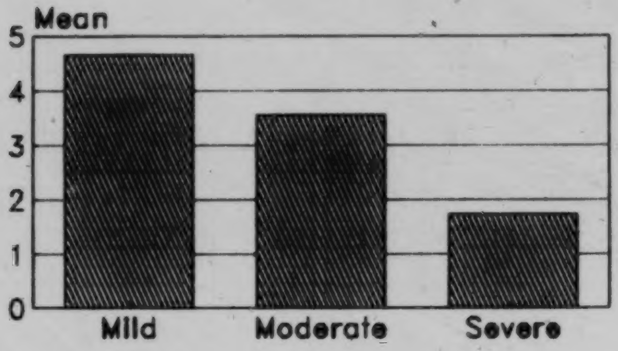


## 2. Recognize/Act Upon Symptoms of Illness – Needs



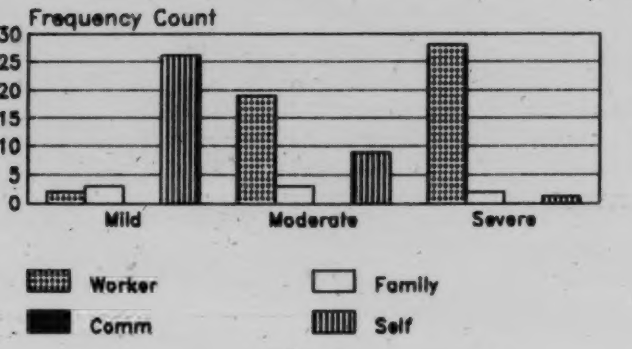
Validated 100%

Attainment Probability

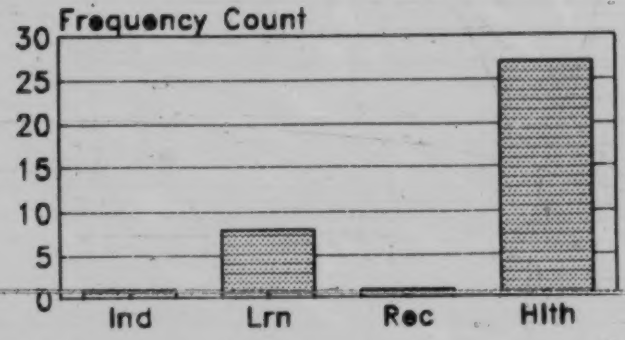


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

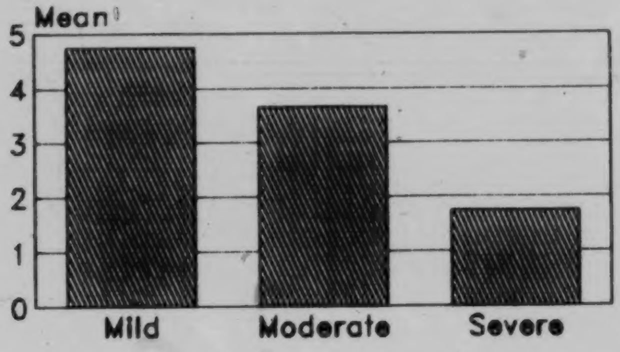


# 10. Identify/Interpret Safety Symbols – Needs



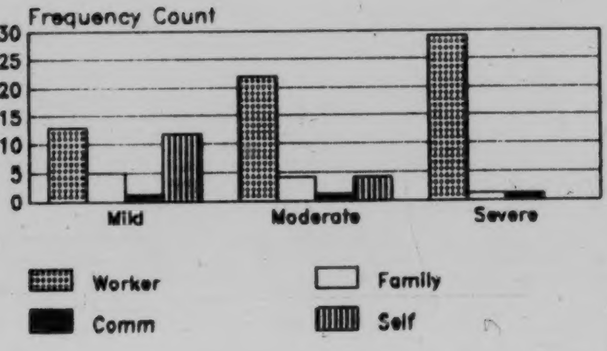
Validated 97%

## Attainment Probability

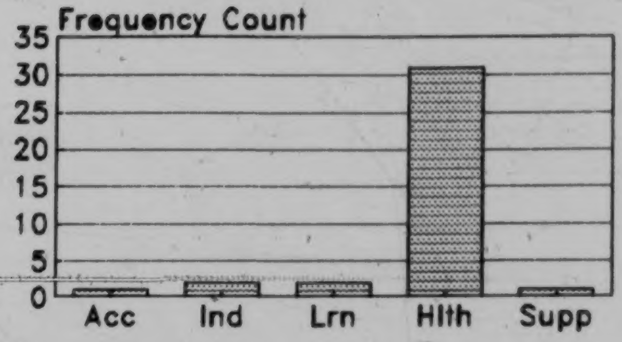


Scale 5–1 (Very Likely – Very Unlikely)

## Source Assistance

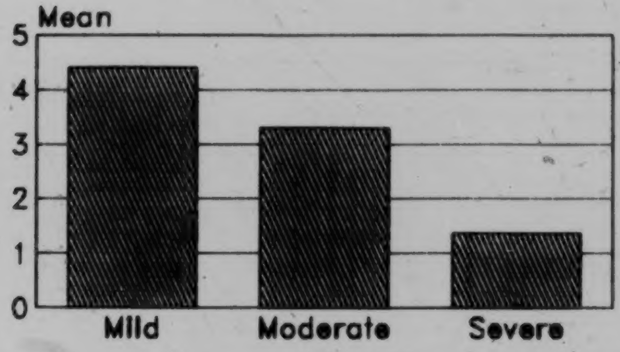


# 8. Recognize/Act Upon Unsafe Conditions – Needs



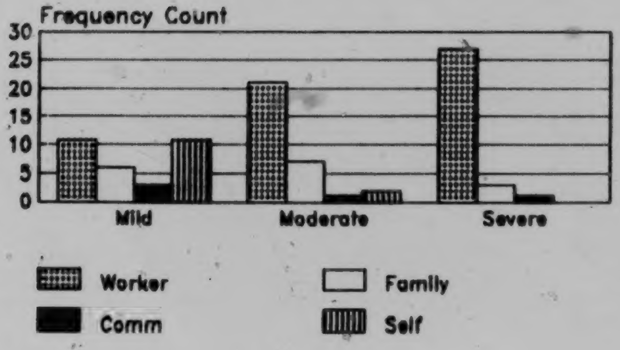
Validated 97%

Attainment Probability



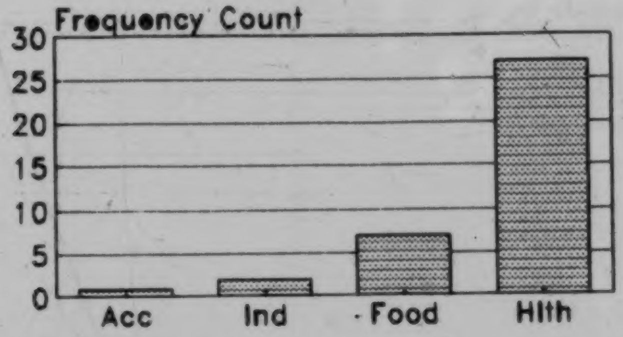
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



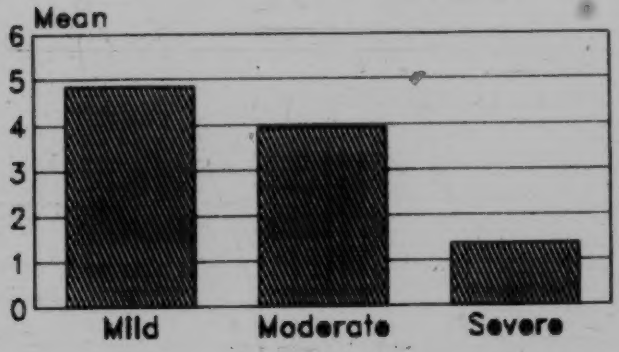
## 6. Store/Handle Food Safely

### Needs



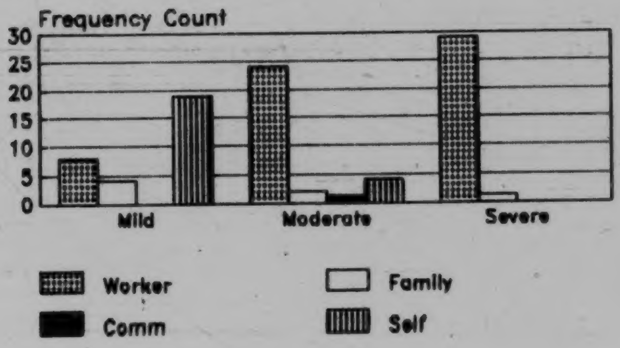
Validated 97%

### Attainment Probability

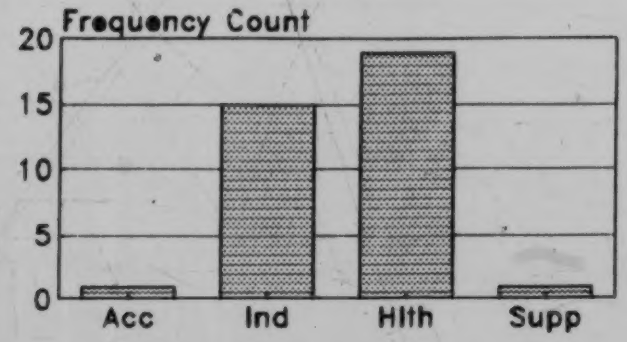


Scale 5-1 (Very Likely - Very Unlikely)

### Source Assistance

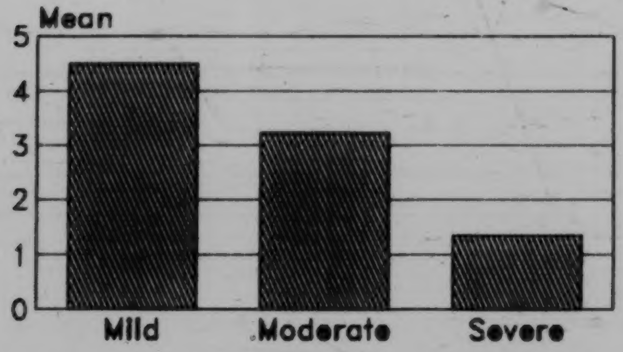


## 3. Responsibly Use Drugs/ Alcohol – Needs



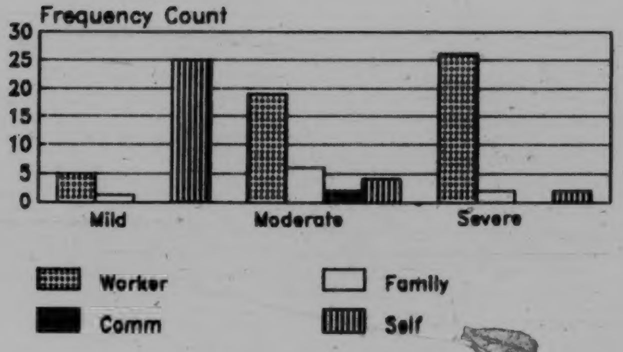
Validated 95%

Attainment Probability

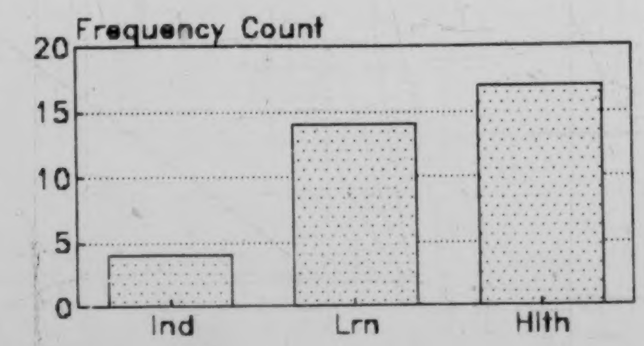


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

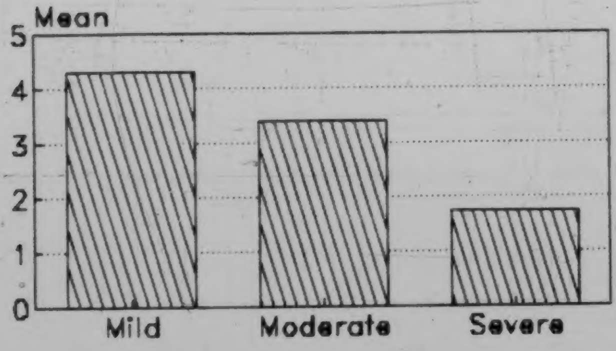


# 71. Read and Interpret Signs and Labels – Needs



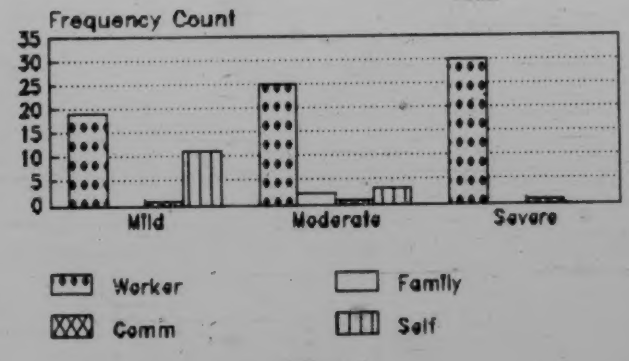
Validated 92%

Attainment Probability

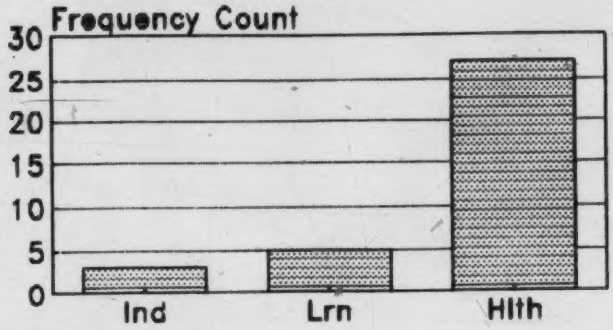


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

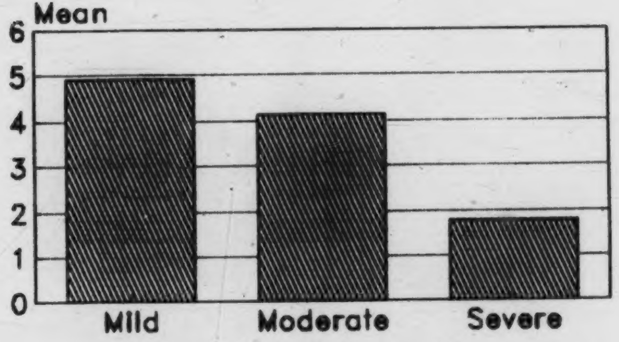


# 4. Practice Traffic Safety Needs



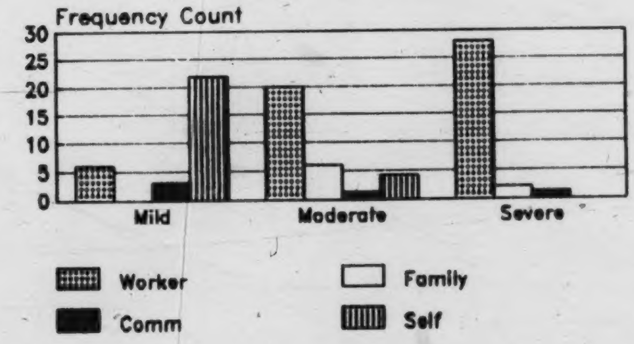
Validated 92%

Attainment Probability

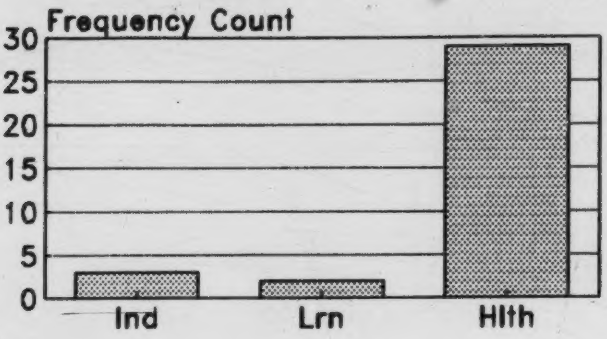


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

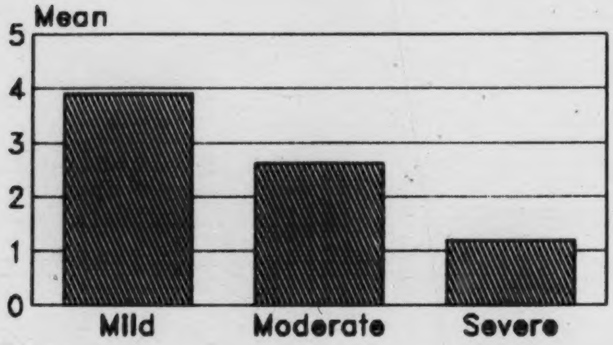


## 5. Use Emergency First Aid Techniques – Needs



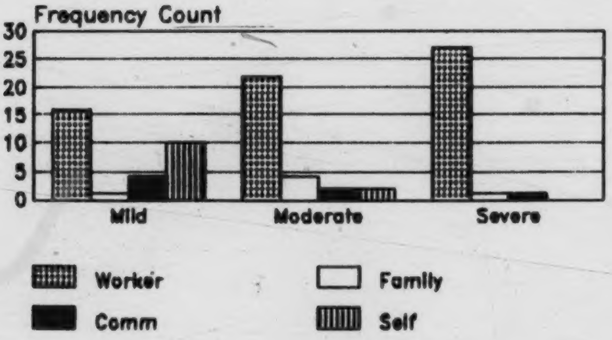
Validated 90%

Attainment Probability

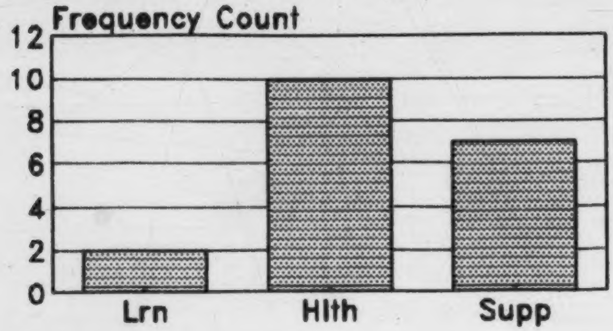


Scale 5-1 (Very Likely – Very Unlikely)

Source Assistance

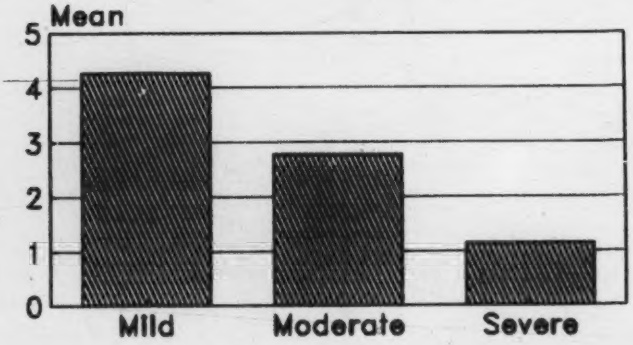


# 7. Assist Maintenance Health Safety of Community – Needs



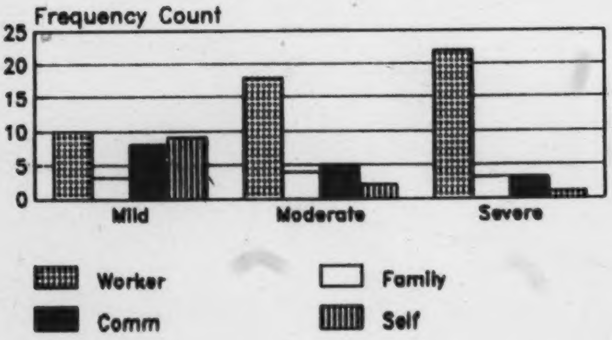
Validated 50%

## Attainment Probability



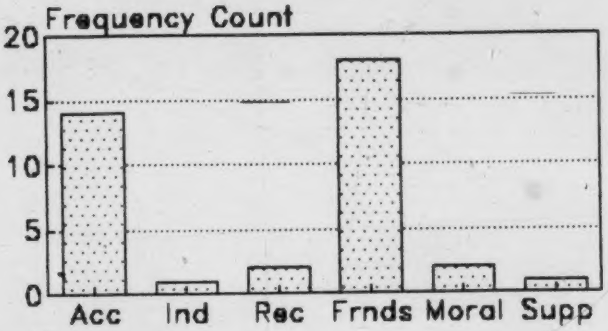
Scale 5–1 (Very Likely – Very Unlikely)

## Source Assistance



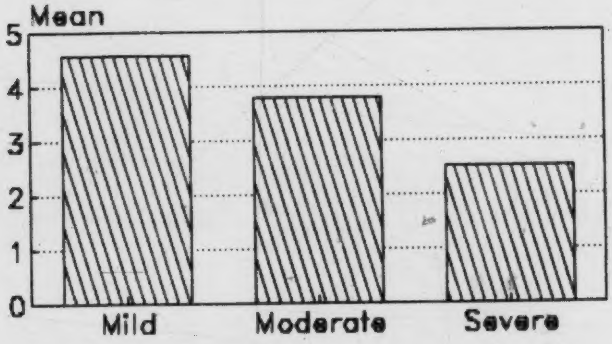
# FRIENDSHIPS AND LOVING RELATIONSHIPS

# 59. Respond To & Help Others Needs



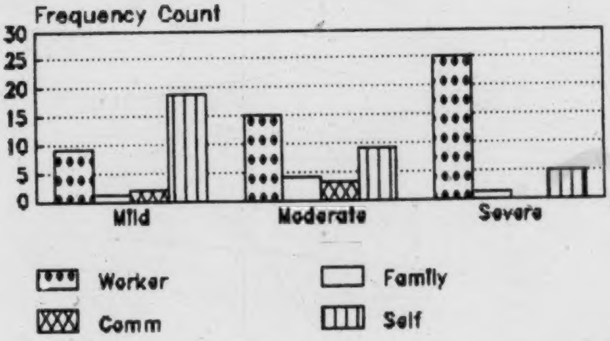
Validated 100%

Attainment Probability

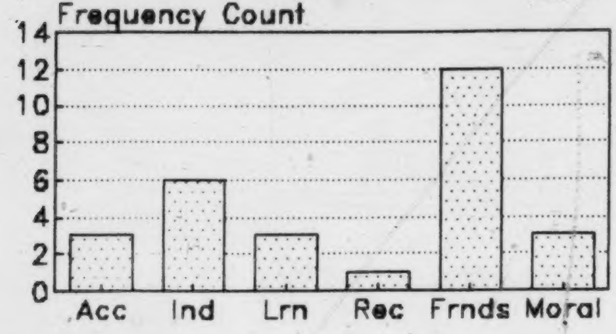


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



# 79. Undrstnd & Deal With Prsnl Reltnshps/Sexuality



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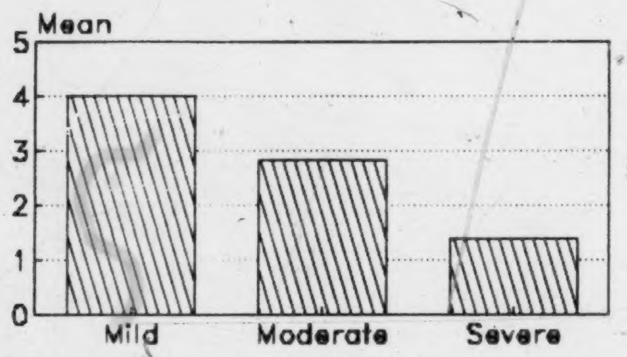
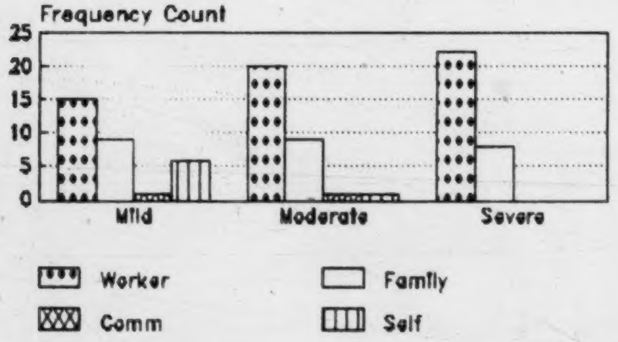
Attainment Probability

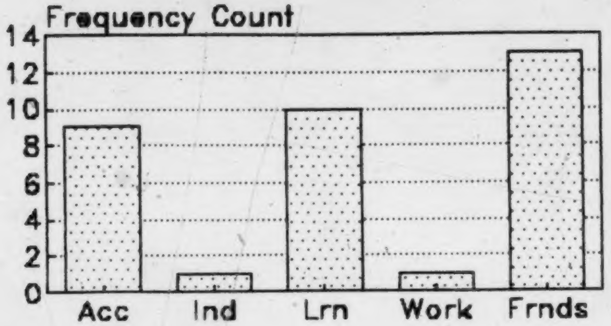


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

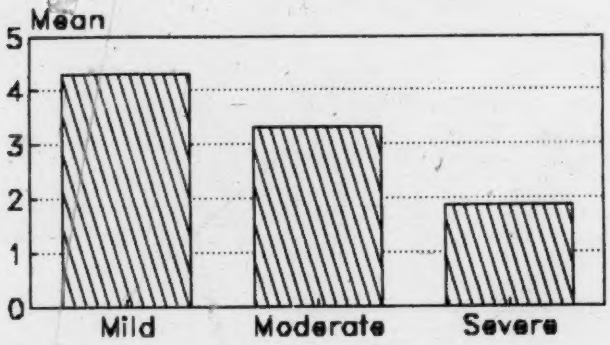


## 56. Acquire Interpersonal Skills - Needs



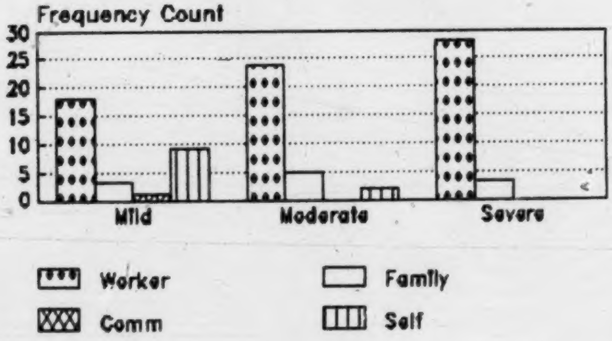
Validated 90%

### Attainment Probability

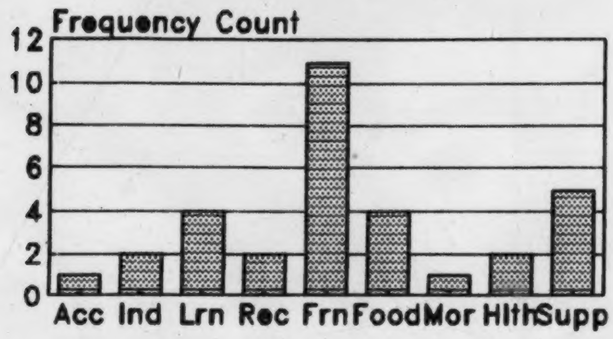


Scale 5-1 (Very Likely - Very Unlikely)

### Source Assistance

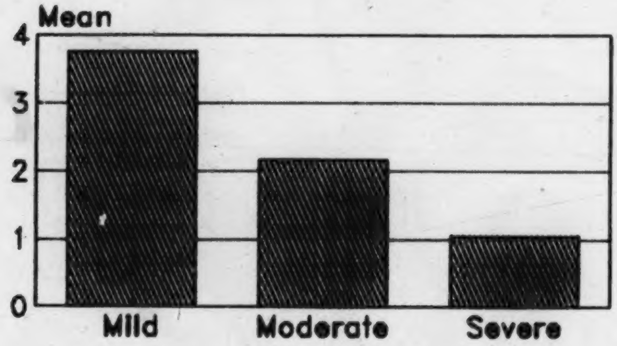


# 24. Parent Effectively Needs



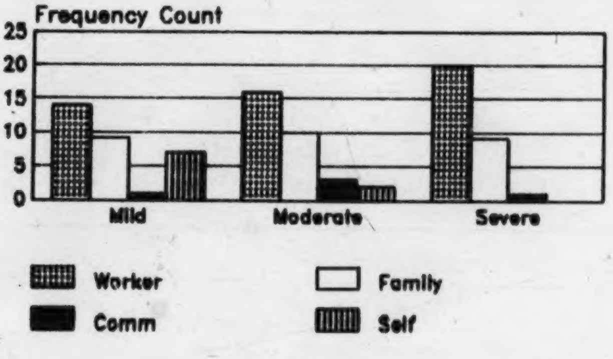
Validated 84%

Attainment Probability

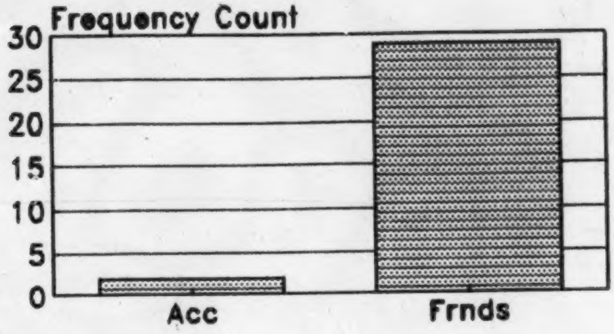


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

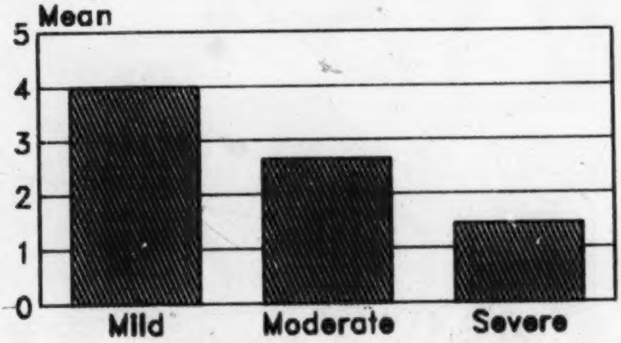


## 25. Meet the Needs of Spouse Needs



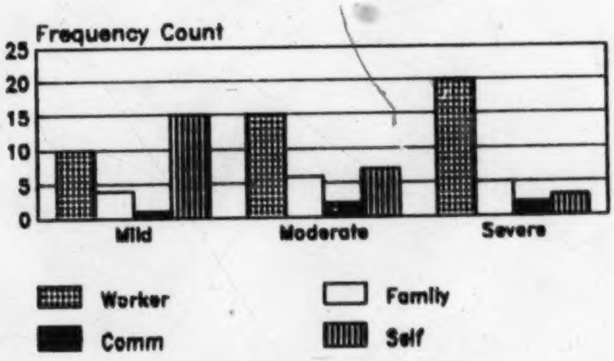
Validated 82%

Attainment Probability



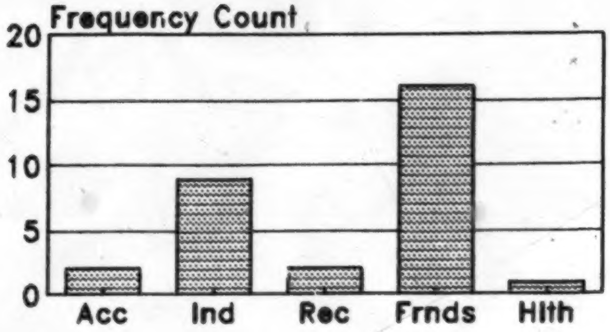
Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



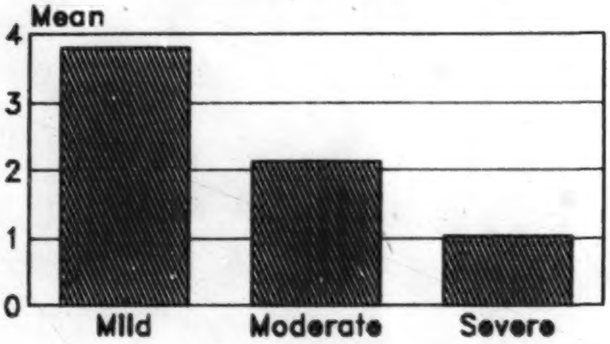
# 23. Plan A Family

## Needs



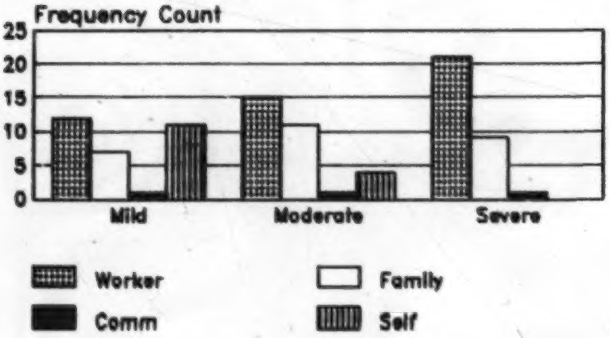
Validated 79%

## Attainment Probability

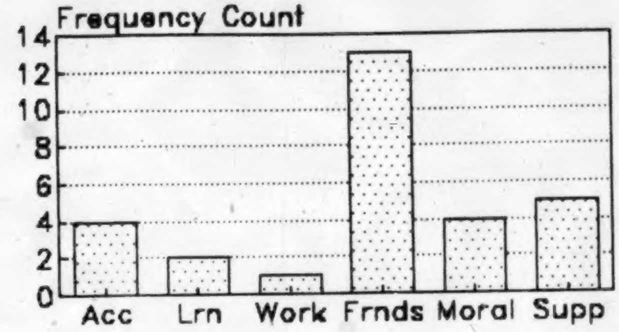


Scale 5–1 (Very Likely – Very Unlikely)

## Source Assistance

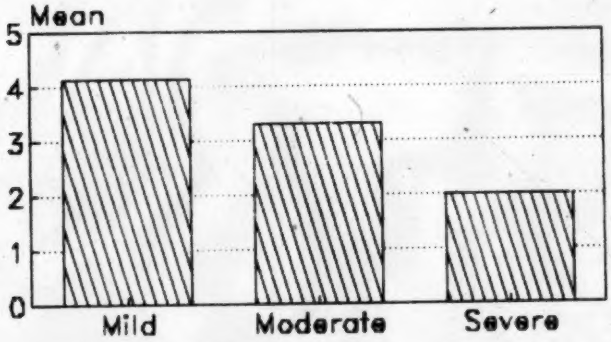


# 57. Recognize Achievement in Others – Needs



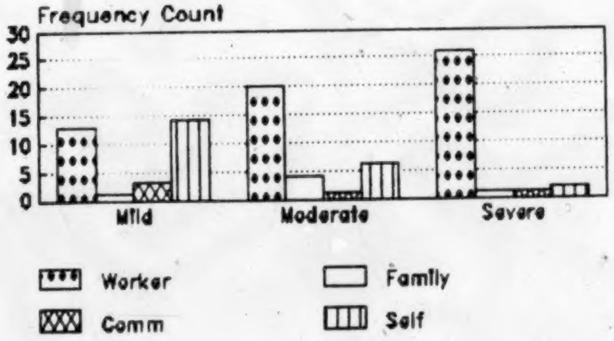
Validated 76%

### Attainment Probability

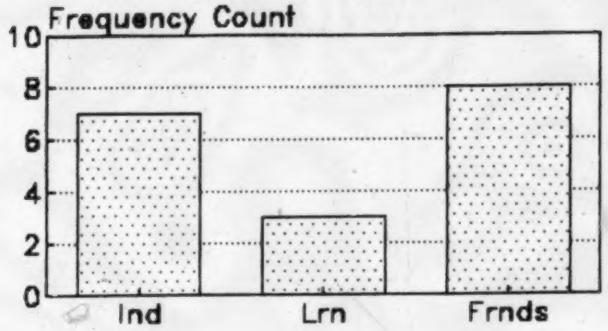


Scale 5–1 (Very Likely – Very Unlikely)

### Source Assistance

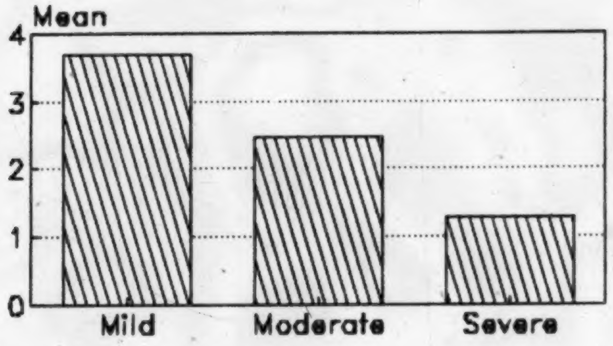


# 36. Manage Mobility (Effect of Moving on Family)—Needs



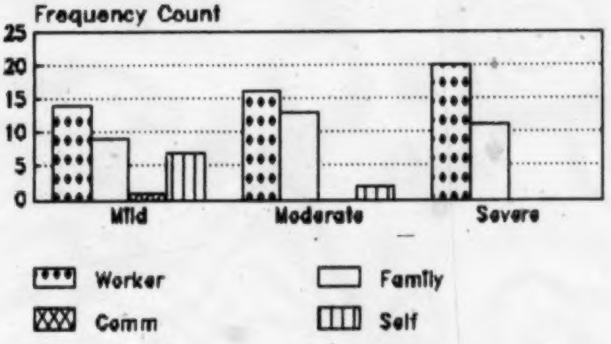
Validated 47%

Attainment Probability



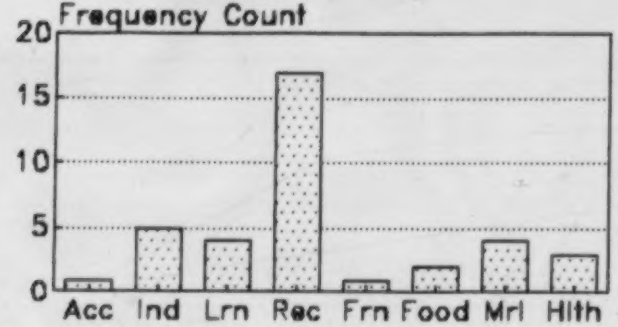
Scale 5−1 (Very Likely − Very Unlikely)

Source Assistance



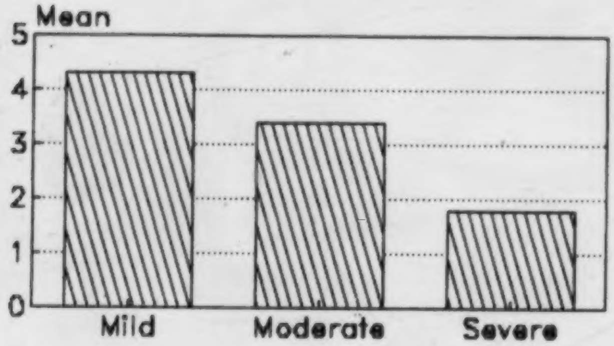
# PHYSICAL AND PSYCHOLOGICAL RECREATION

# 50. Recognize Personal Physical Needs – Needs



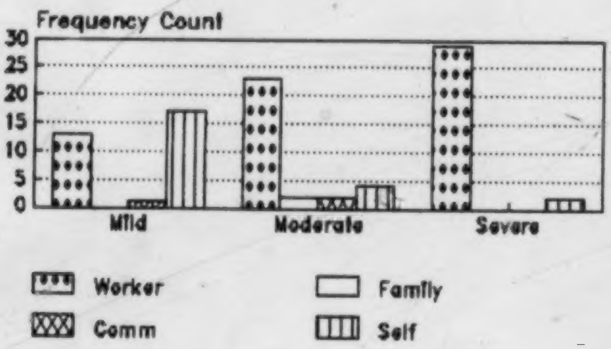
Validated 97%

Attainment Probability

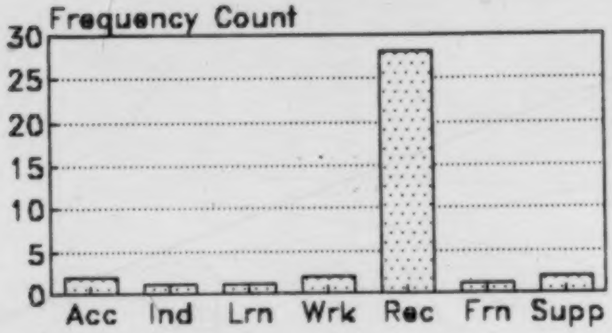


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

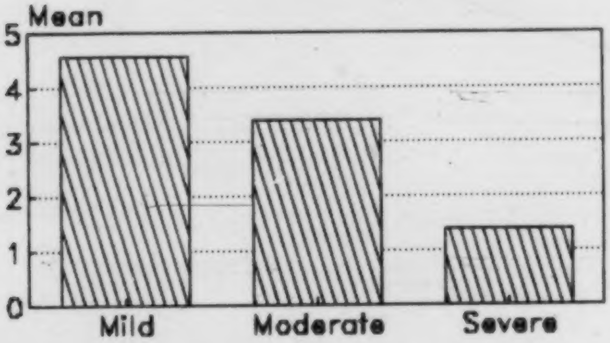


# 33. Plan/Use Leisure Time Needs



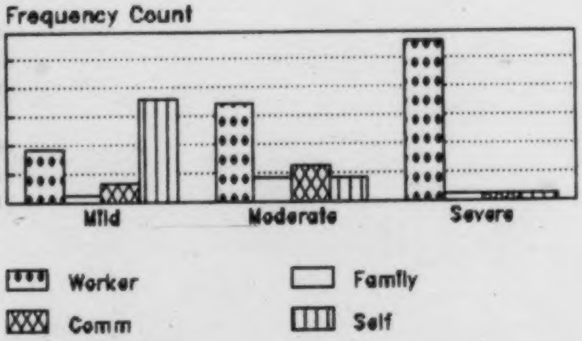
Validated 97%

Attainment Probability



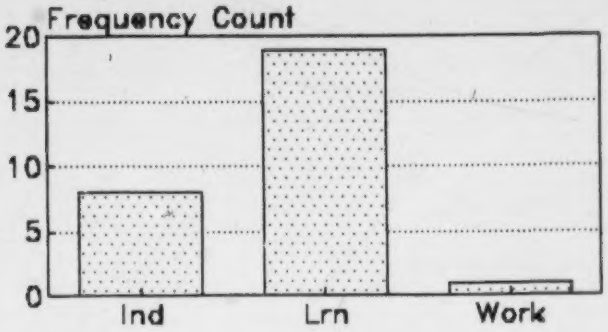
Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



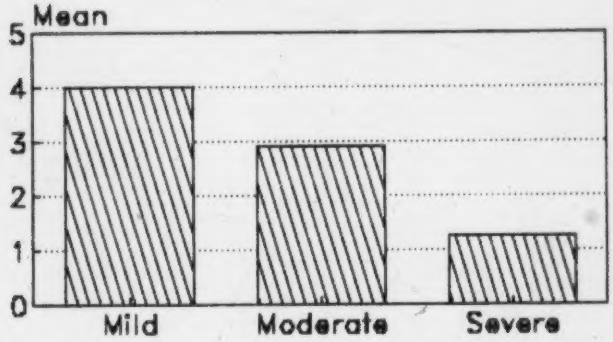
# LEARNING NEW SKILLS, KNOWLEDGE AND ATTITUDES

# 64. Understand The Learning Environment – Needs



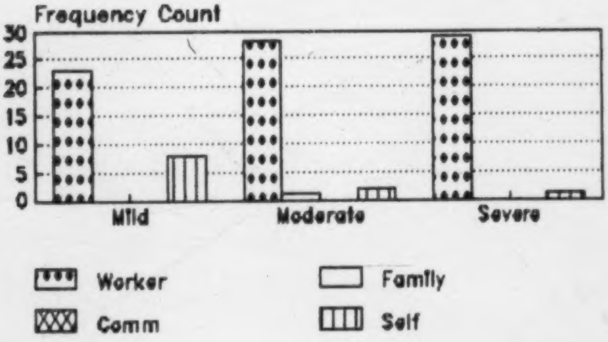
Validated 97%

Attainment Probability

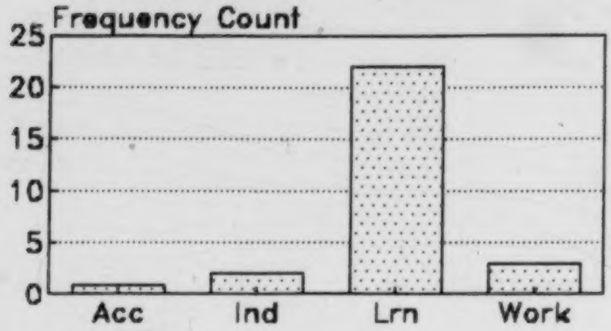


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

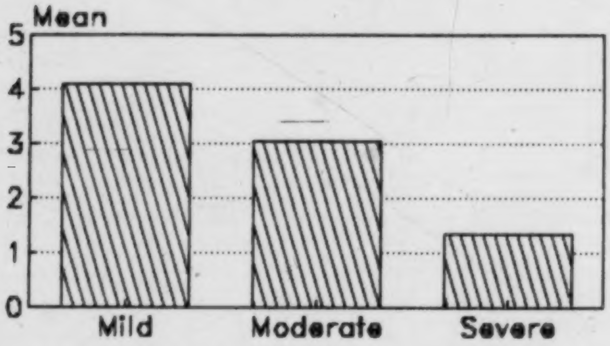


## 65. Utilize Various Learning Methods - Needs



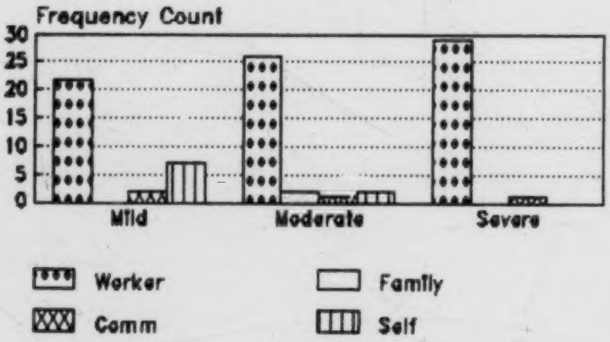
Validated 97%

Attainment Probability

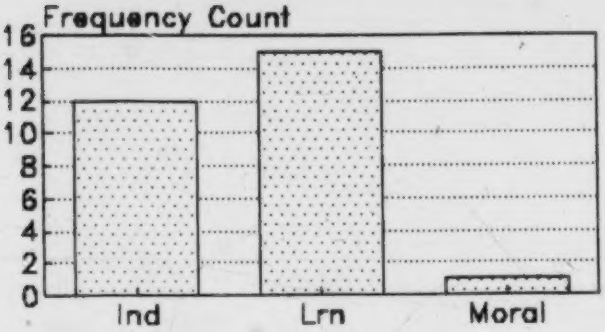


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

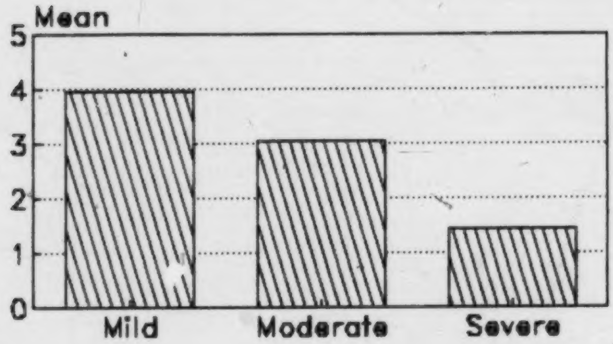


# 67. Recall And Apply Data To New Situations – Needs



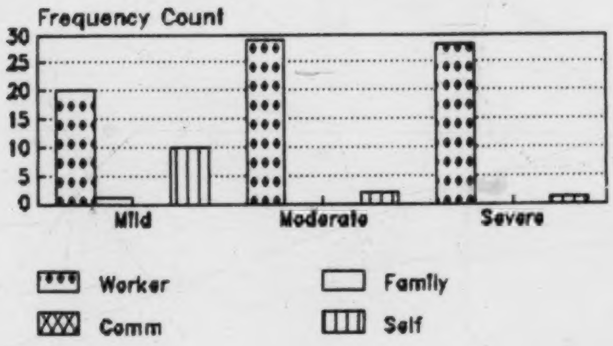
Validated 97%

Attainment Probability

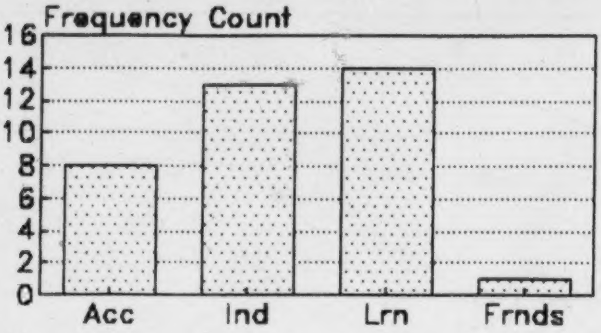


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

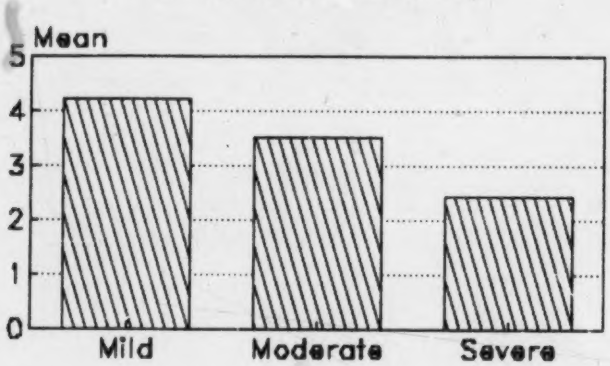


## 69. Participate Verbal Communication Incl Sign Lang-Need



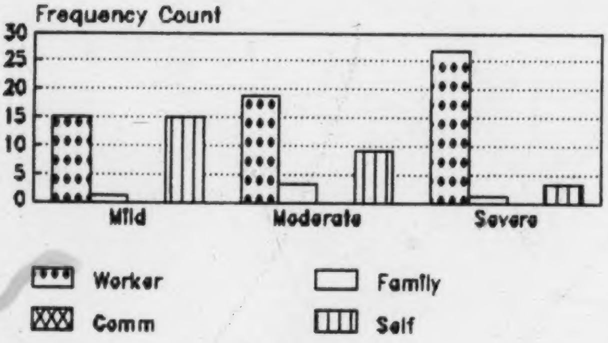
Validated 95%

Attainment Probability

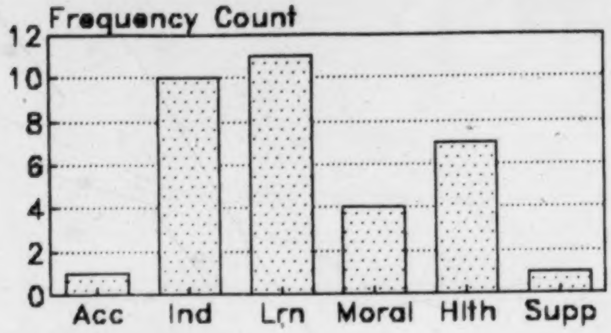


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

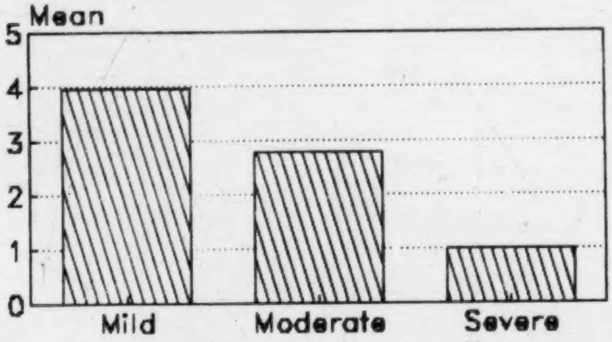


# 38. Undrstnd Purpose of Laws & Effects on Indiv – Needs



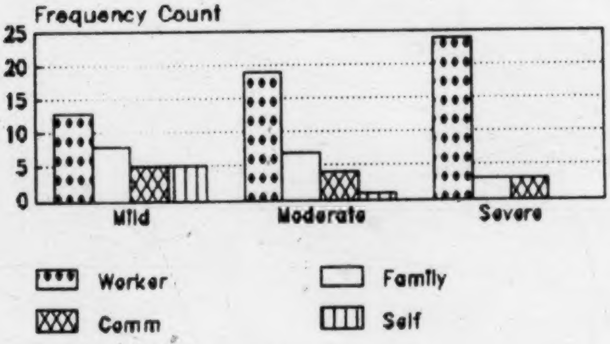
Validated 90%

Attainment Probability

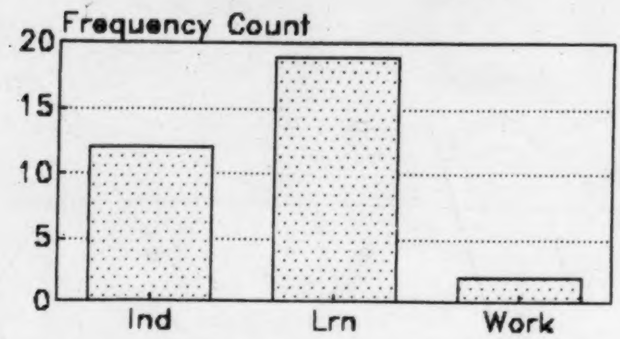


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

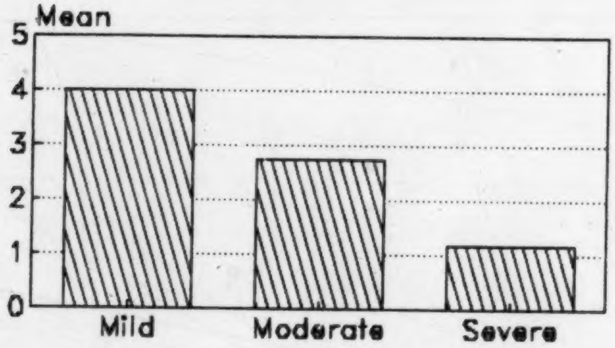


# 75. Perform Basic Math Operations – Needs



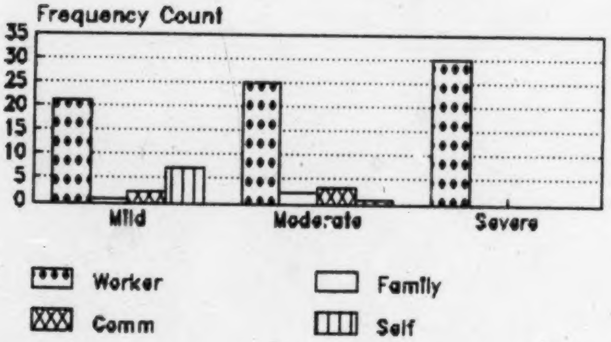
Validated 87%

Attainment Probability

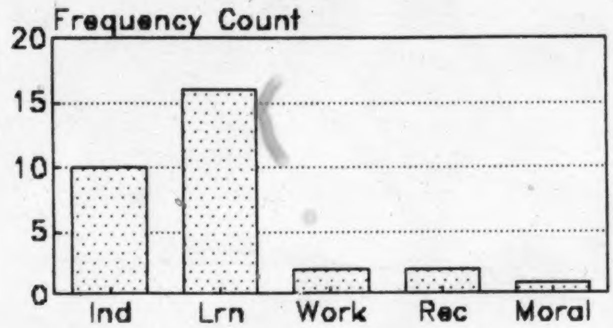


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

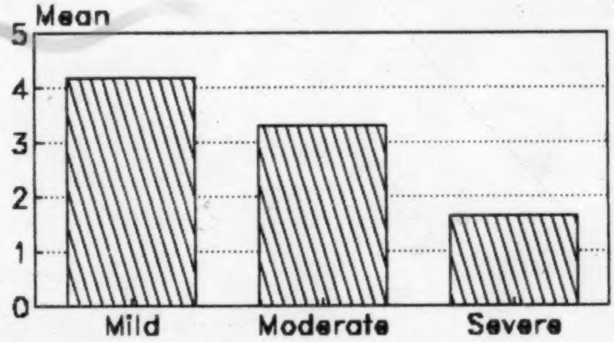


## 70. Recall Ideas & Information Needs



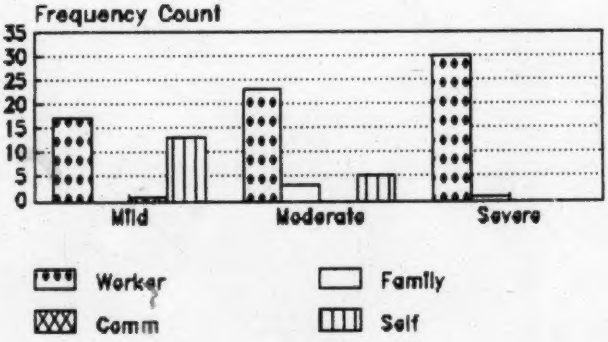
Validated 82%

### Attainment Probability

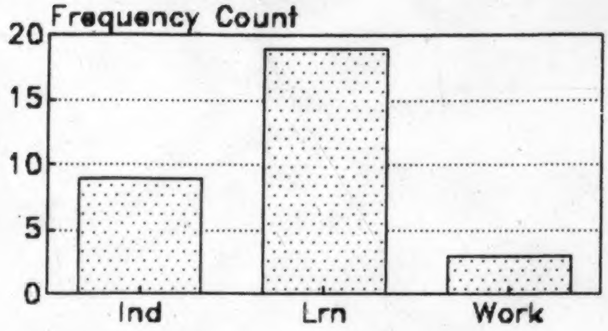


Scale 5-1 (Very Likely - Very Unlikely)

### Source Assistance

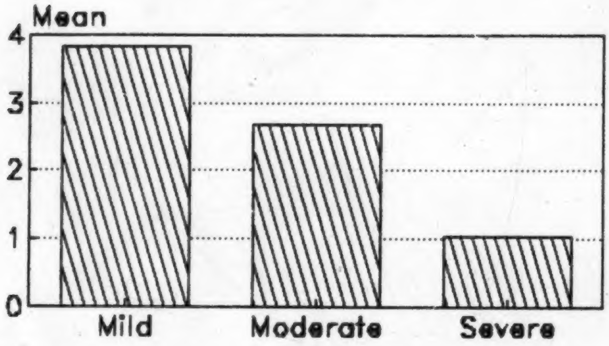


# 76. Apply Basic Math Operations – Needs



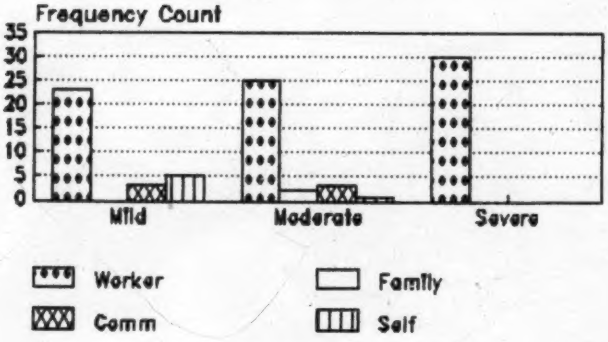
Validated 82%

## Attainment Probability

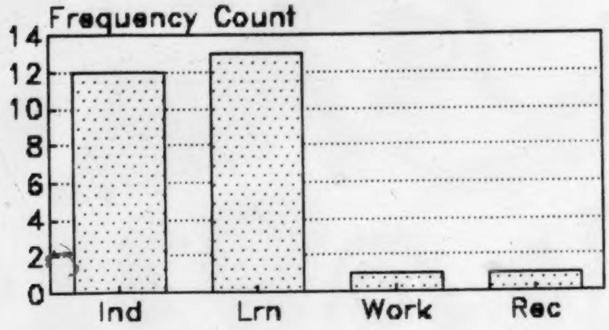


Scale 5–1 (Very Likely – Very Unlikely)

## Source Assistance

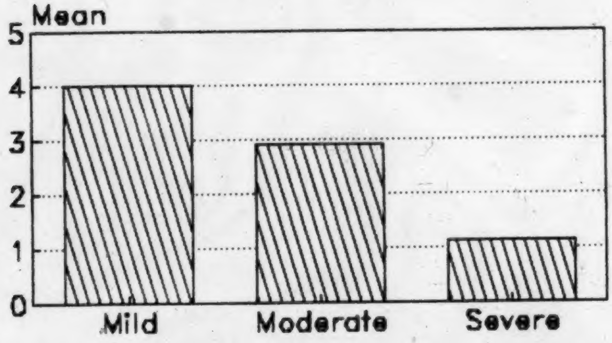


# 72. Read for Comprehension Needs



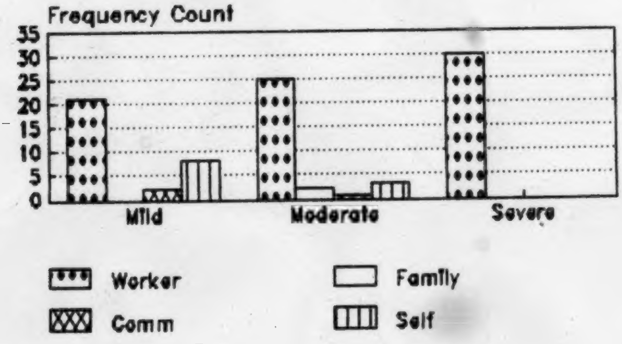
Validated 71%

Attainment Probability

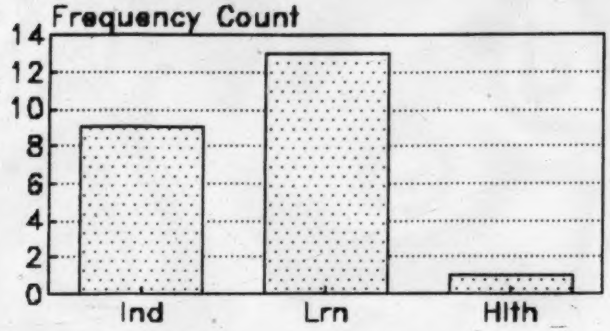


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

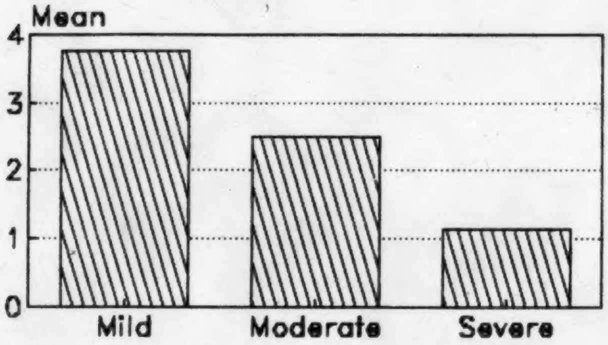


# 78. Interpret Graphical, Pic, & Symbolic Info – Needs



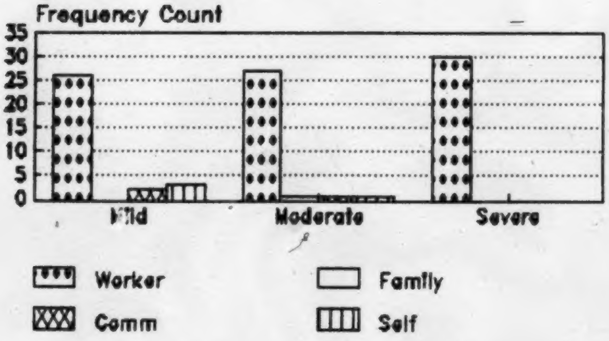
Validated 61%

Attainment Probability



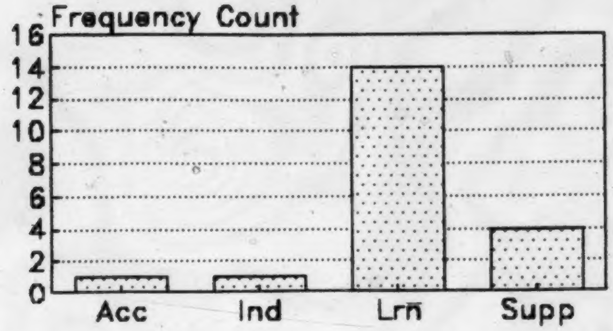
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



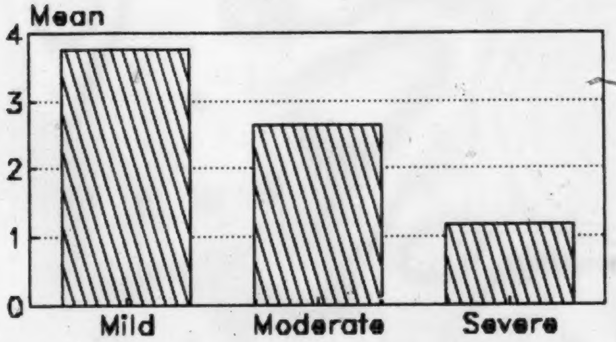
## 41. Interpret Current Events

### Needs



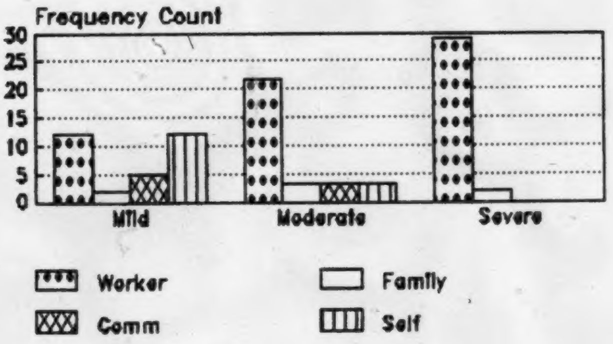
Validated 53%

### Attainment Probability

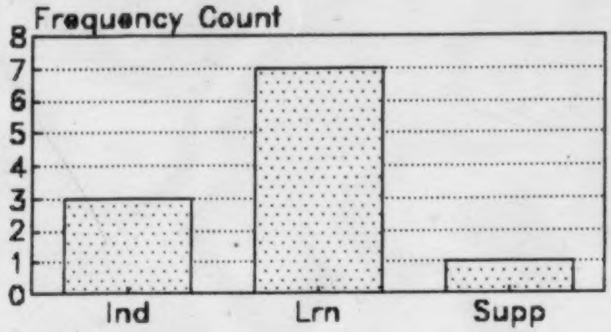


Scale 5-1 (Very Likely - Very Unlikely)

### Source Assistance

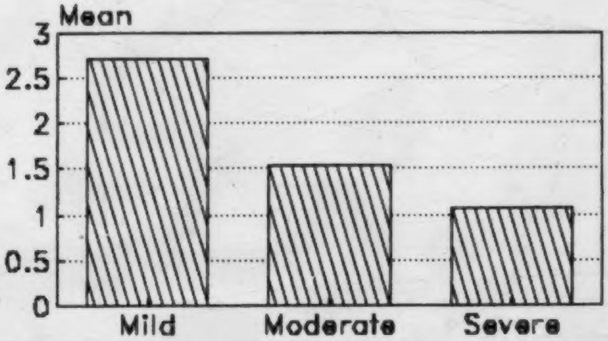


# 34. Understnd, I.D., & Cope With Taxation Process–Needs



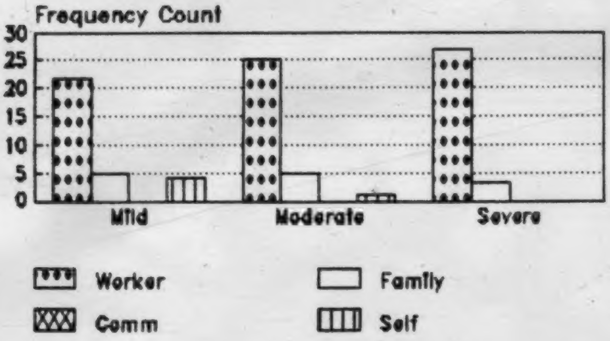
Validated 29%

Attainment Probability



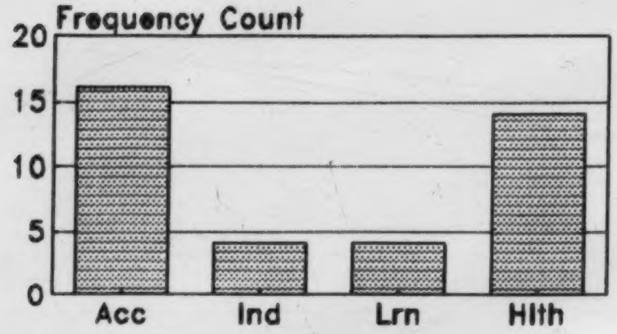
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



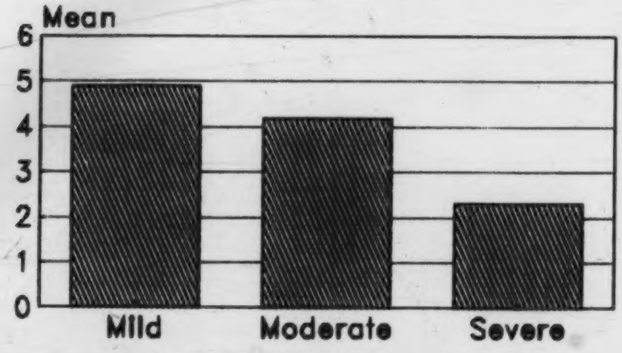
# ACCEPTANCE AND VALUE AS A PERSON

# 1. Practice Personal Hygiene Needs



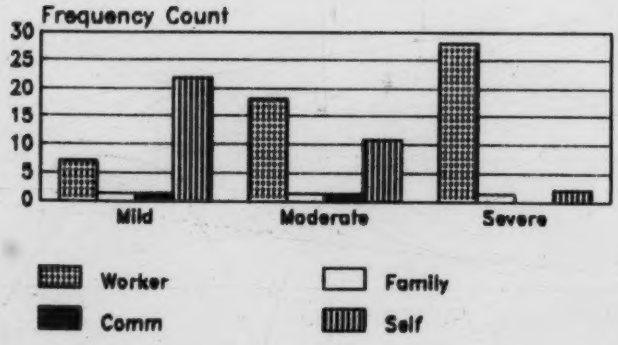
Validated 100%

Attainment Probability

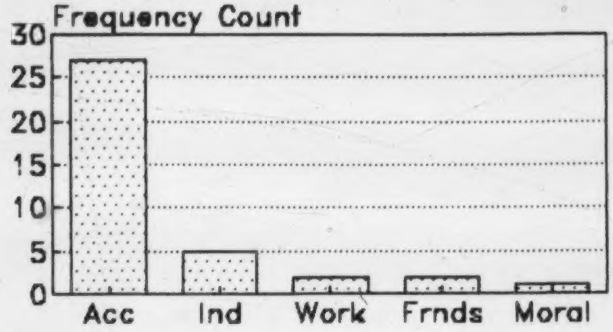


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

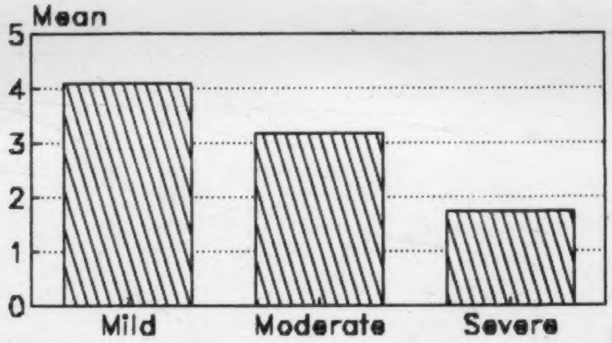


## 47. Motivate Self – Developing A Positive Self Image–Needs



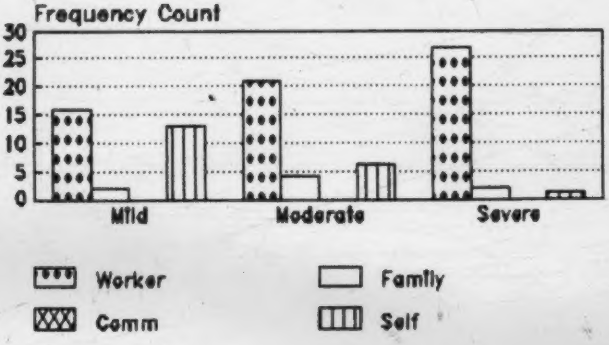
Validated 97%

Attainment Probability

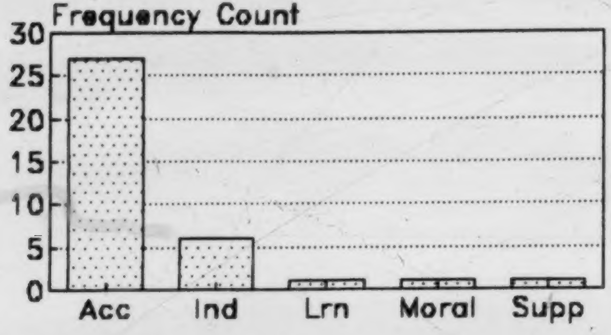


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

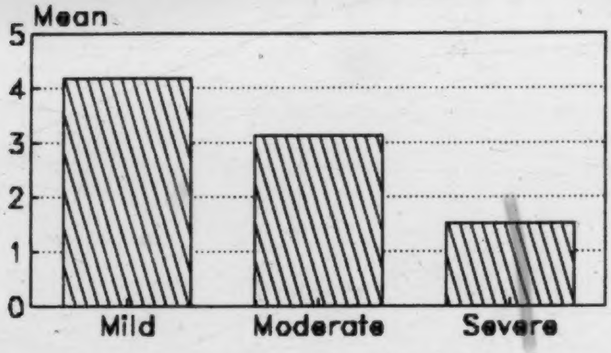


# 48. Assert Self (Stand Up For What You Believe) – Needs



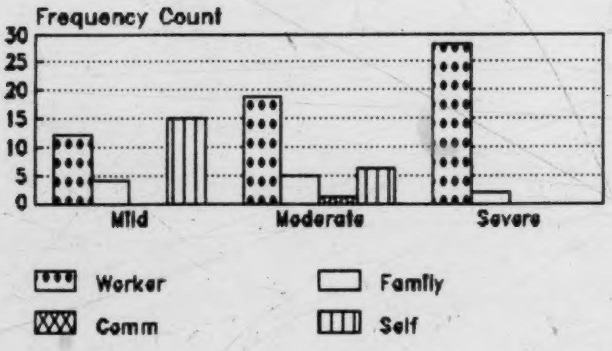
Validated 95%

Attainment Probability

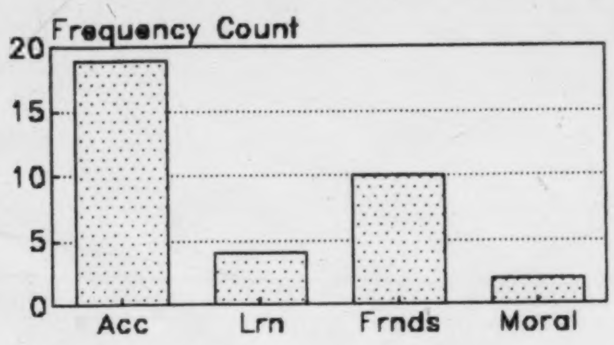


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

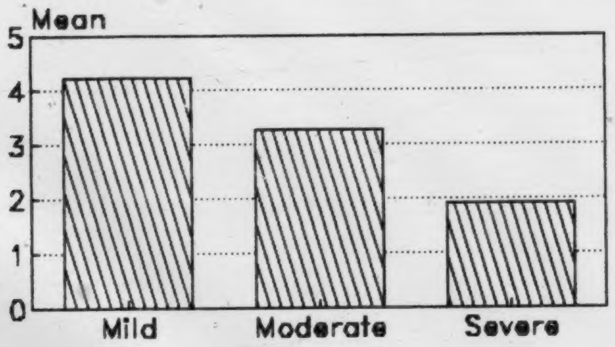


# 58. Be Accepting of Other's Positions/Compromise Appro



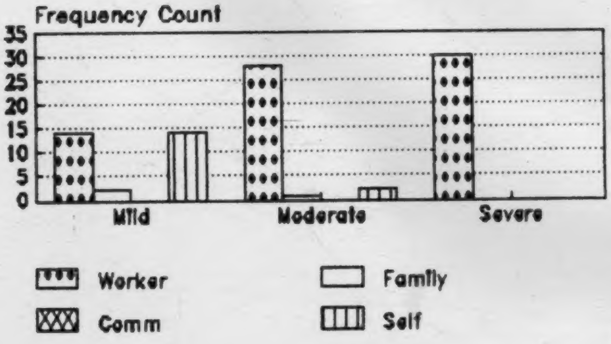
Validated 92%

Attainment Probability

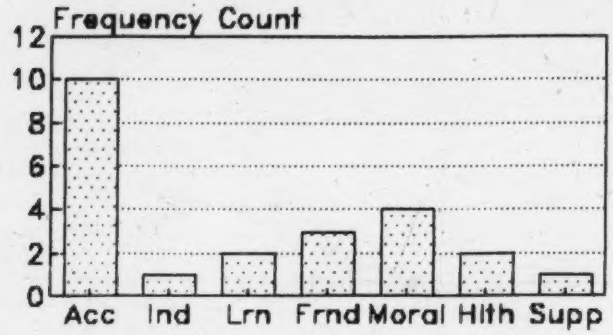


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

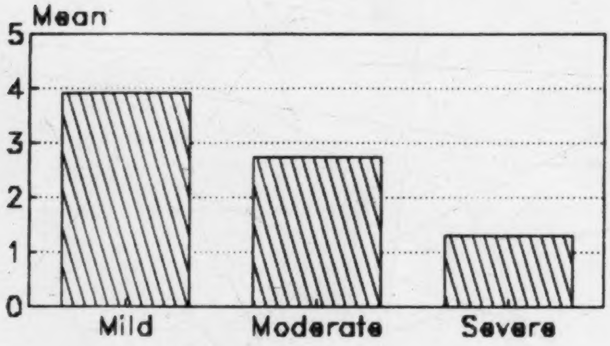


## 45. Assume Resp. for Indiv. with Special Needs – Needs



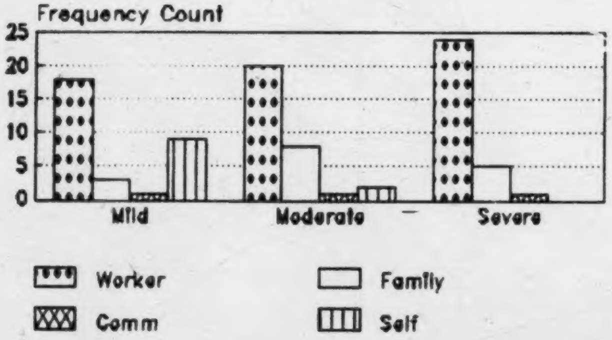
Validated 61%

Attainment Probability



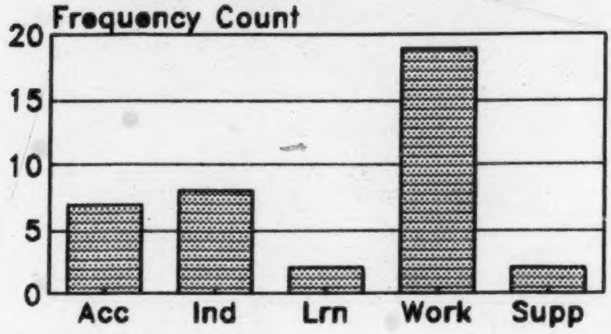
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



# MEANINGFUL AND PRODUCTIVE ACTIVITY (WORK, ETC.)

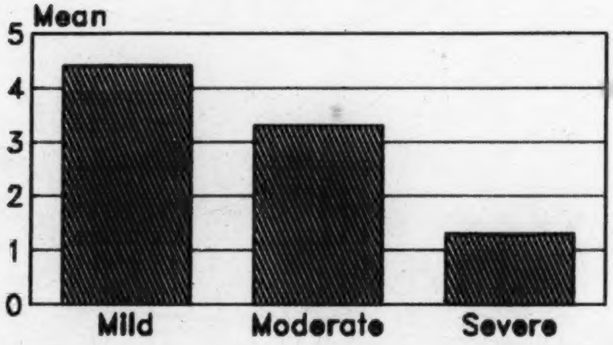
## 15. Keep A Job (Meet Job Requirements – Needs



Validated 100%

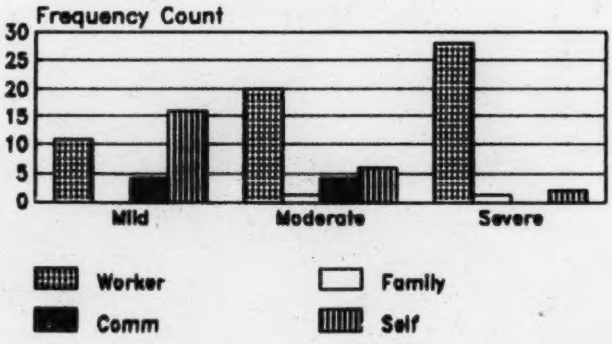
7

Attainment Probability

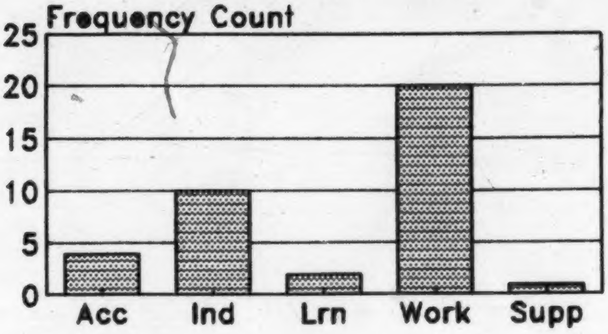


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

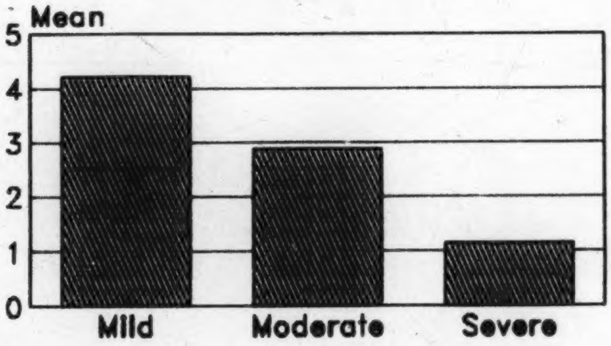


# 14. Find, Apply For, and Get A Job – Needs



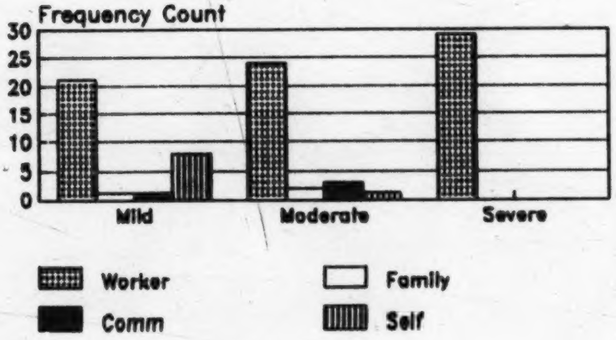
Validated 97%

Attainment Probability

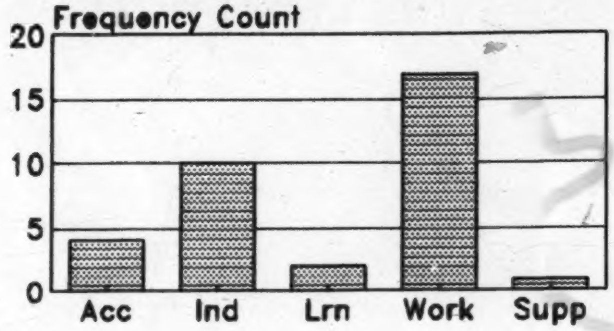


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

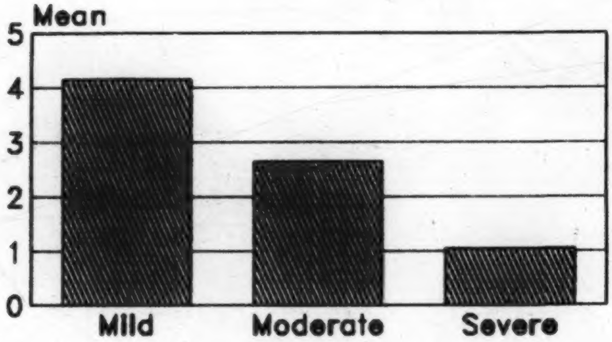


# 16. Determine If Job Meets Personal Expec/Resp.–Needs



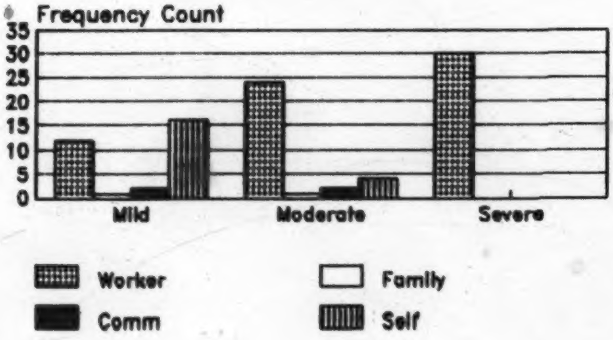
Validated 90%

Attainment Probability

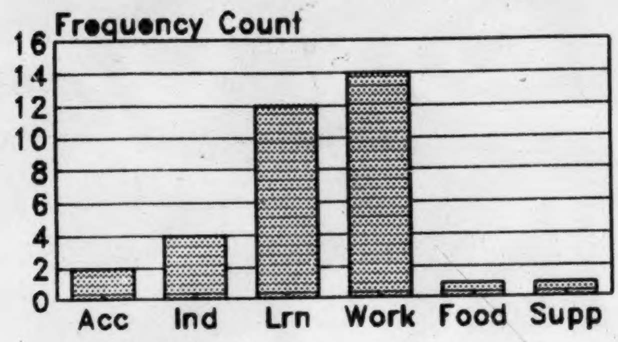


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

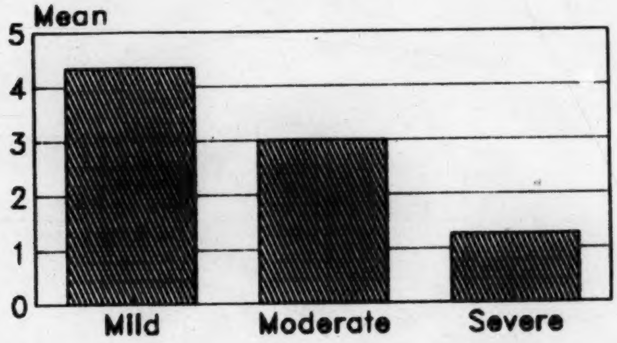


## 11. Obtain Knowledge of Occupational Options – Needs



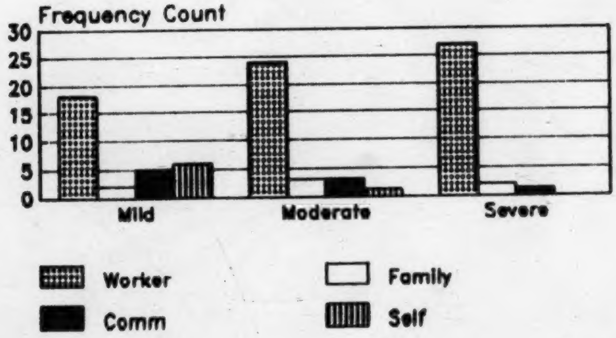
Validated 90%

### Attainment Probability

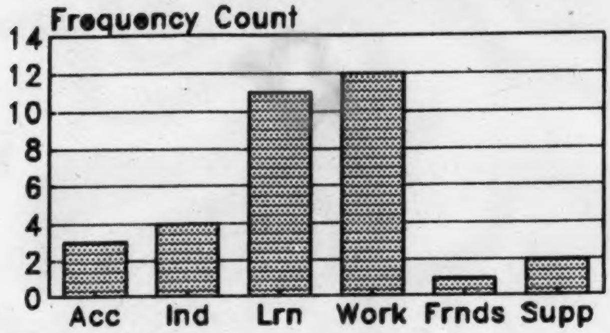


Scale 5–1 (Very Likely – Very Unlikely)

### Source Assistance

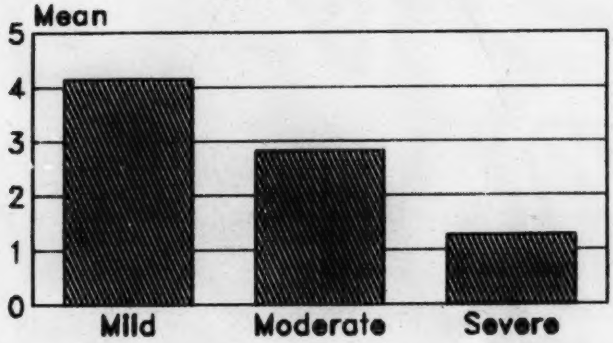


## 17. I.D. With Needs/Roles of Others Re Job – Needs



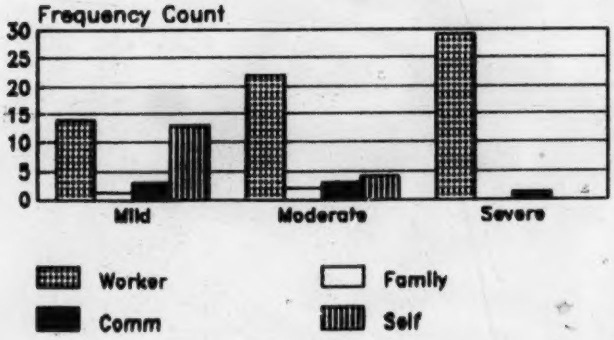
Validated 87%

Attainment Probability



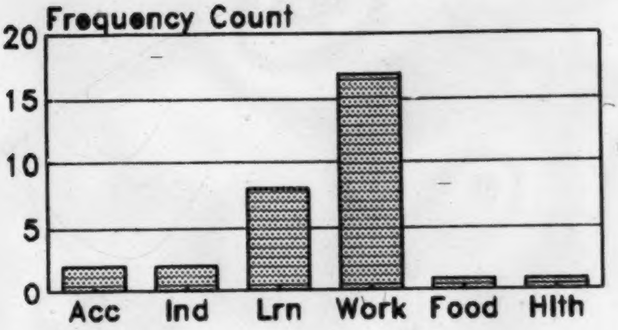
Scale 5-1 (Very Likely – Very Unlikely)

Source Assistance



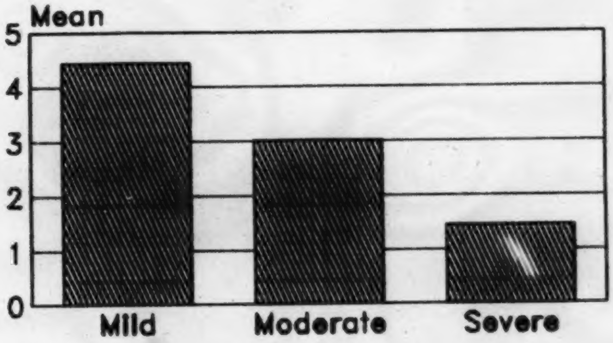
# 13. Acquire Marketable Skills

Needs



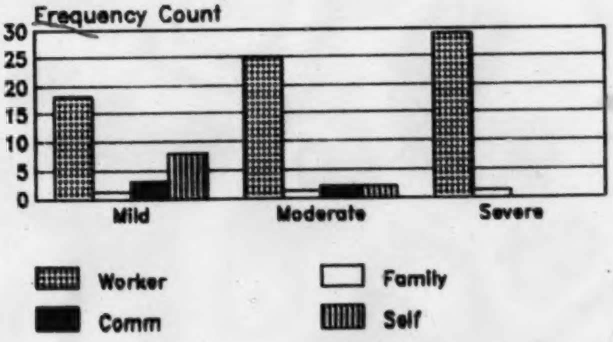
Validated 82%

Attainment Probability



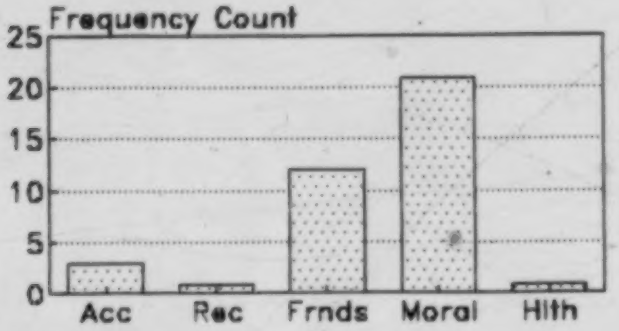
Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



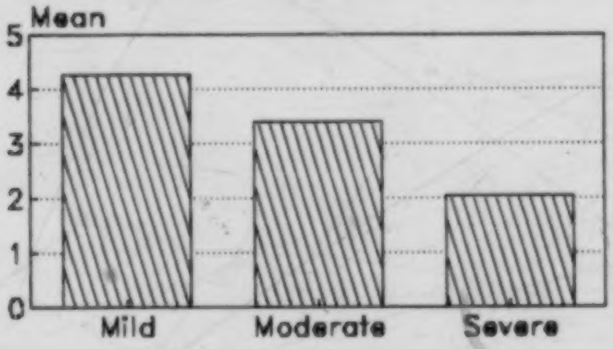
# MORAL AND SPIRITUAL DEVELOPMENT

# 60. Be Considerate of Morals/ Values of Others - Needs



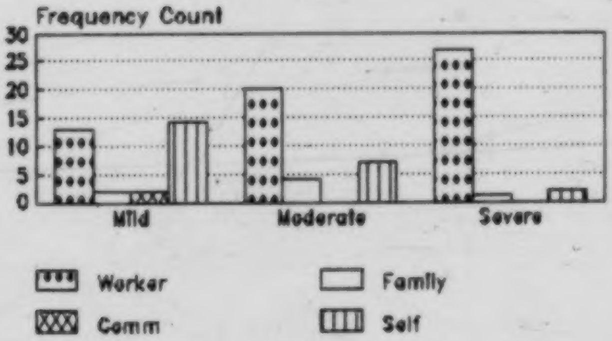
Validated 100%

Attainment Probability



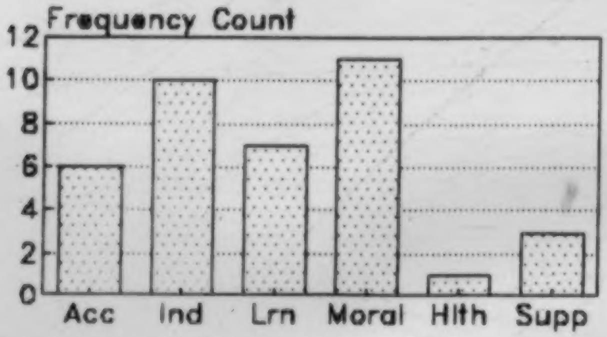
Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



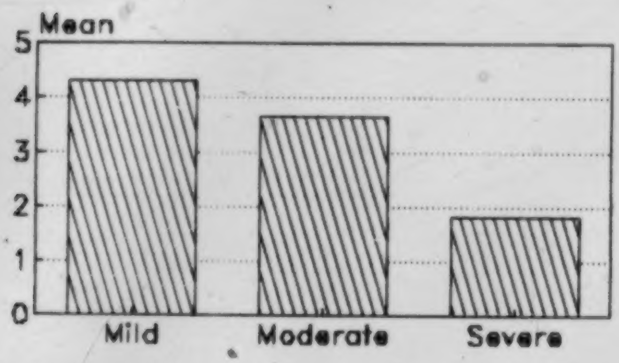
# 39. Abide by the Law

Needs



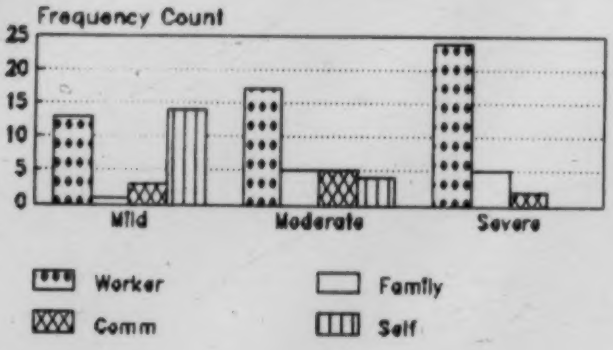
Validated 100%

Attainment Probability

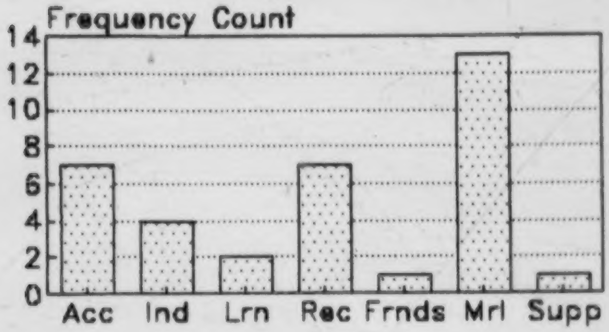


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

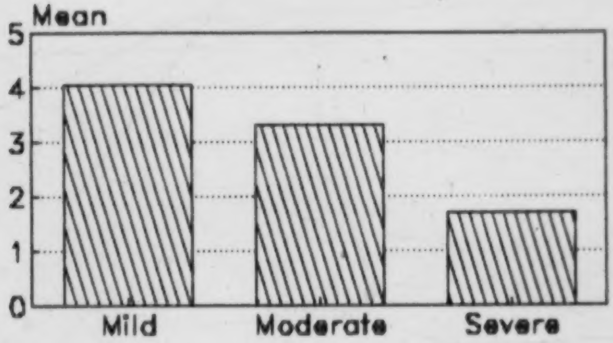


## 52. Recognize and Deal With Emotions - Needs



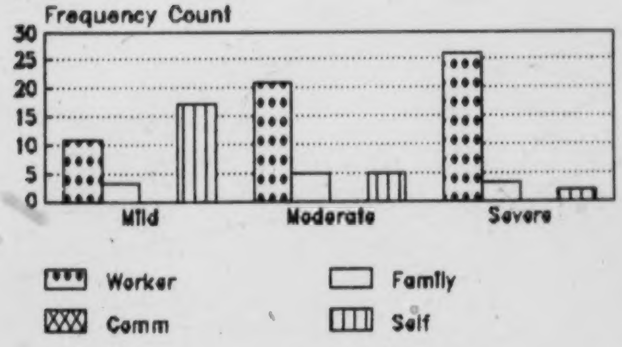
Validated 92%

### Attainment Probability

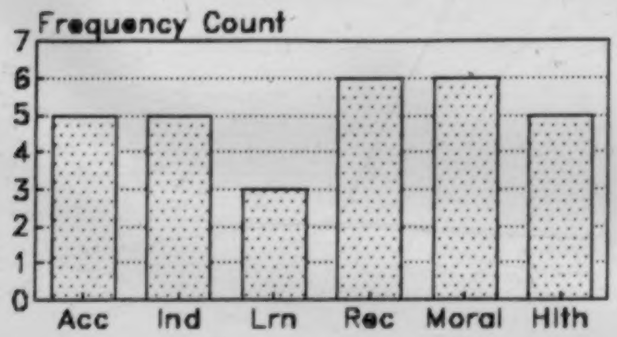


Scale 5-1 (Very Likely - Very Unlikely)

### Source Assistance

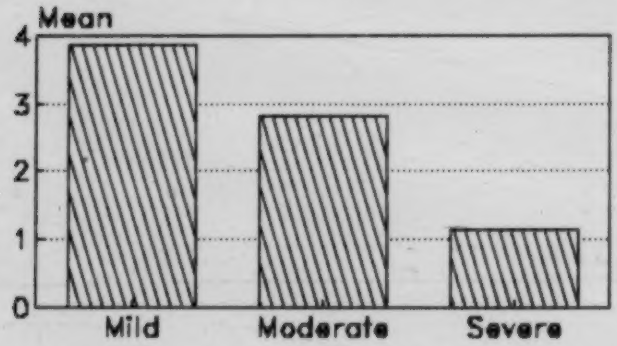


# 51. Recognize & Maintain Personal Mental Needs—Needs



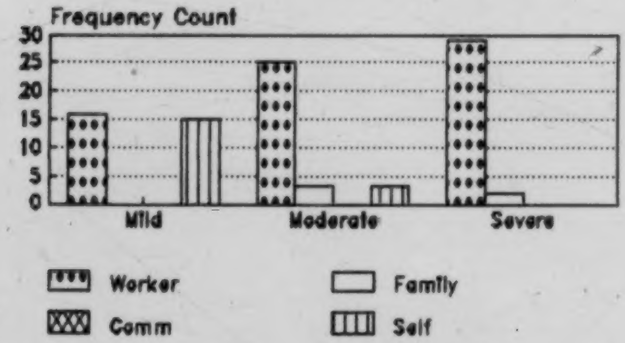
Validated 79%

Attainment Probability

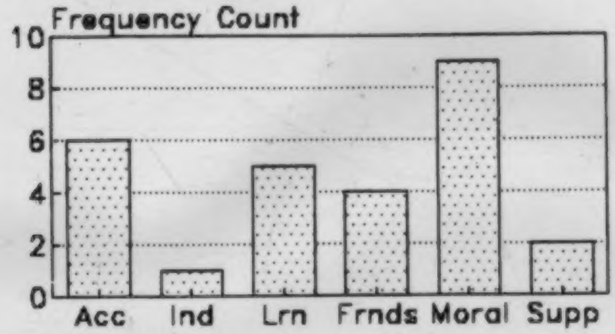


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

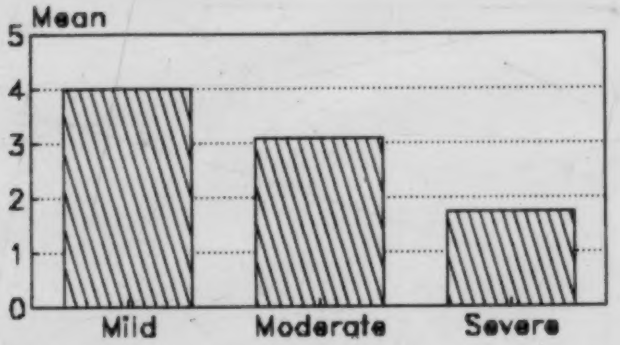


## 61. Appreciate Cultural Differences – Needs



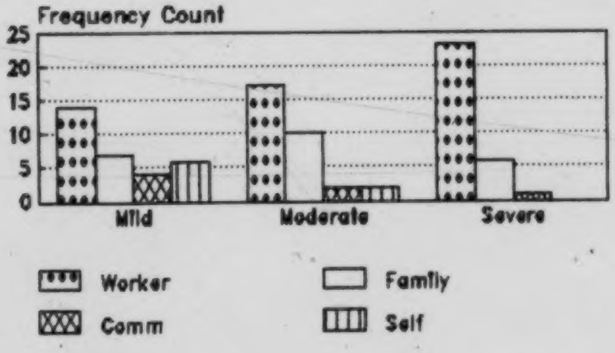
Validated 71%

### Attainment Probability

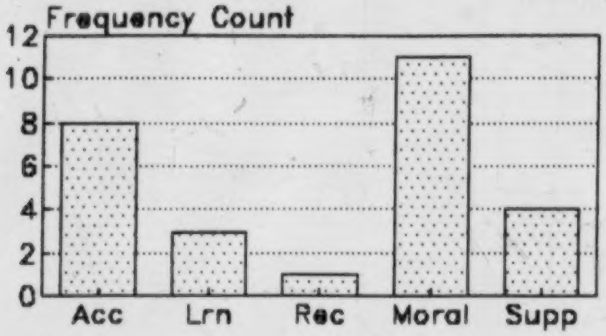


Scale 5–1 (Very Likely – Very Unlikely)

### Source Assistance

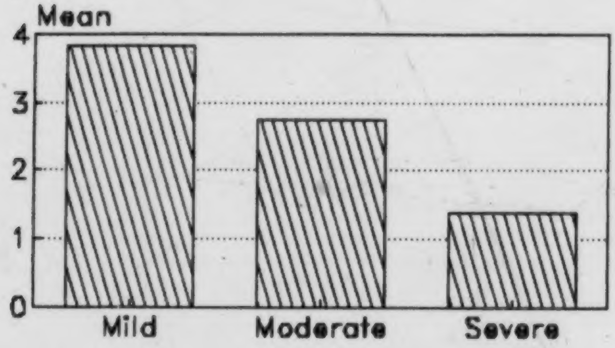


# 53. Recognize Influences of Personal Culture, Trad, Custom



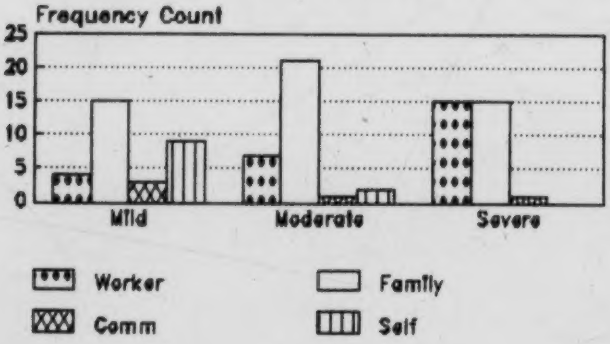
Validated 71%

Attainment Probability



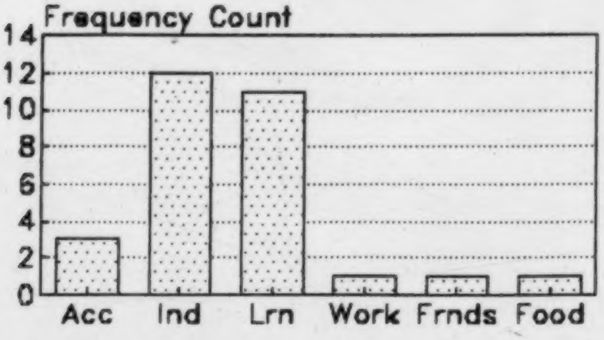
Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



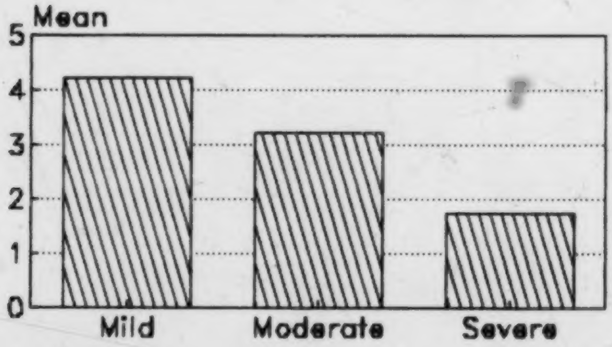
# INDEPENDENCE AND CONTROL OVER OWN LIFE

# 66. Practical Thinking Needs



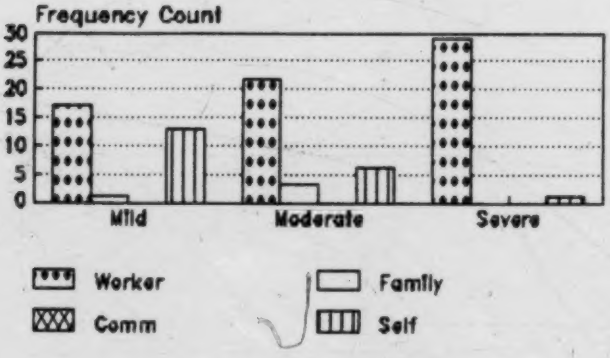
Validated 100%

## Attainment Probability

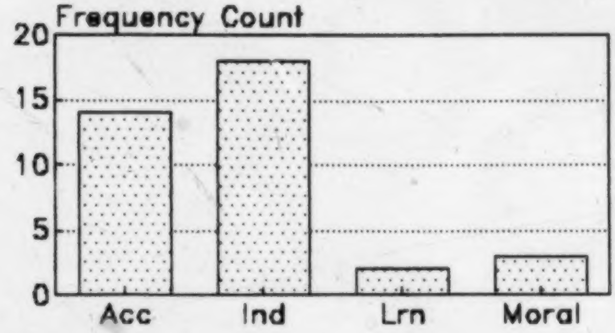


Scale 5-1 (Very Likely - Very Unlikely)

## Source Assistance

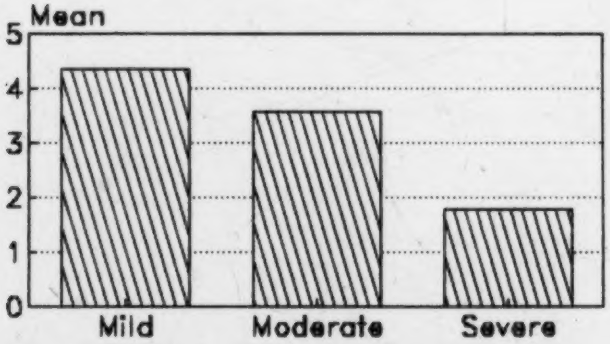


# 49. Responsible/Accountable for Own Actions/Behav-Needs



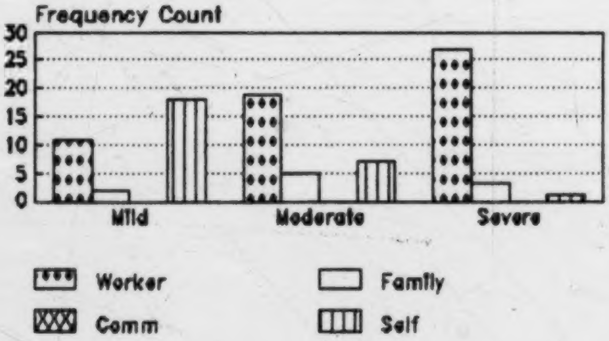
Validated 97%

Attainment Probability

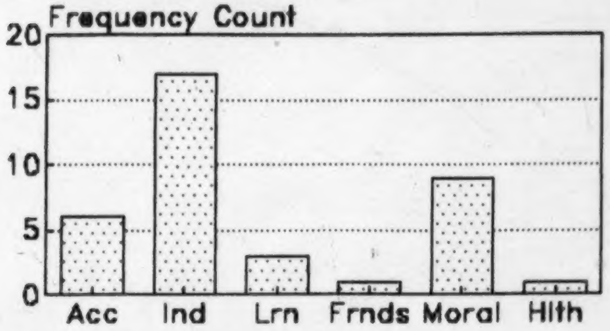


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

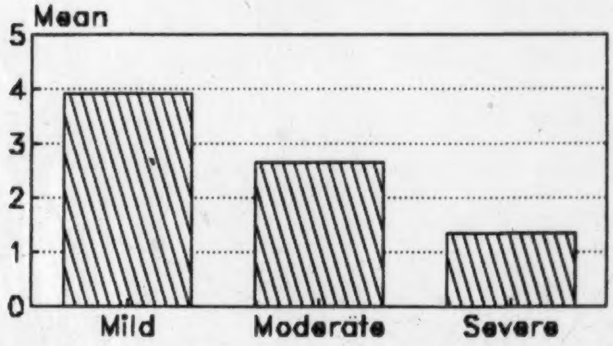


# 46. Recognize Need for & the Applic of Self Discipline—Need



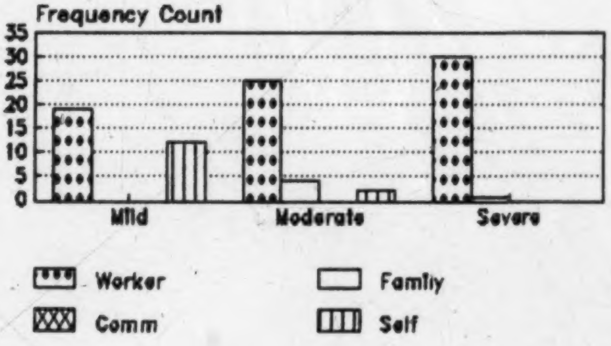
Validated 97%

Attainment Probability

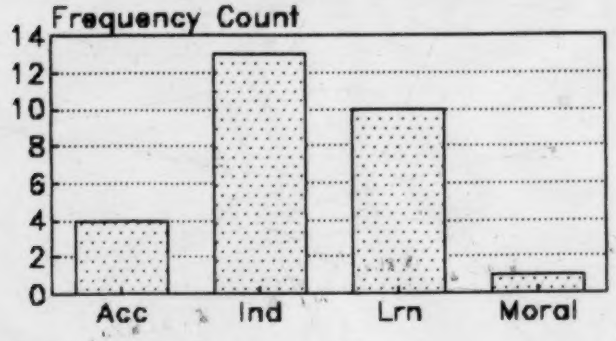


Scale 5—1 (Very Likely — Very Unlikely)

Source Assistance

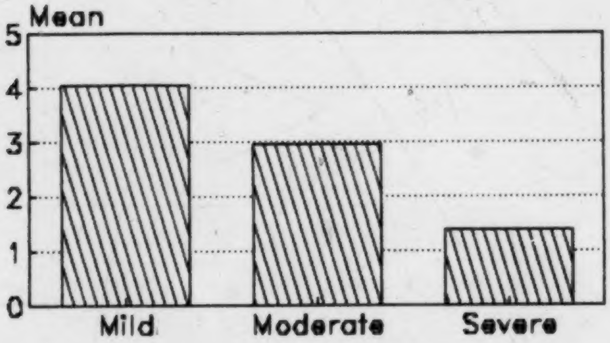


# 62. Understand Self As A Learner – Needs



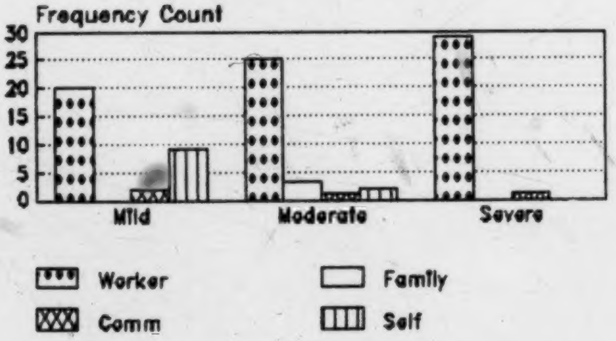
Validated 97%

Attainment Probability

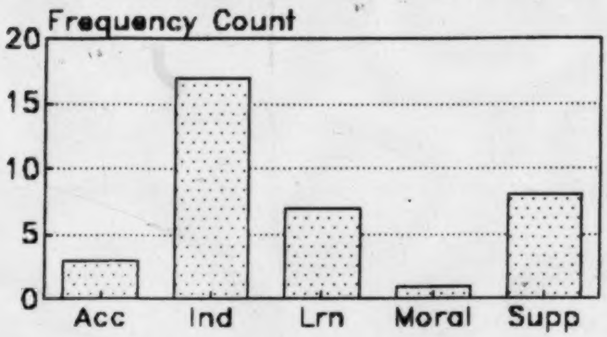


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

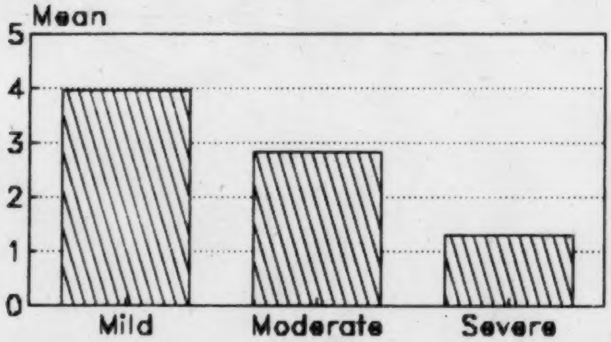


## 42. Undrstnd/Exercise Rights, Resp. & Priv. of Citizen-Needs



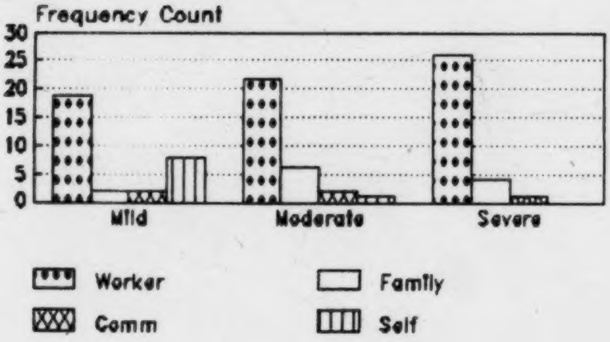
Validated 95%

Attainment Probability

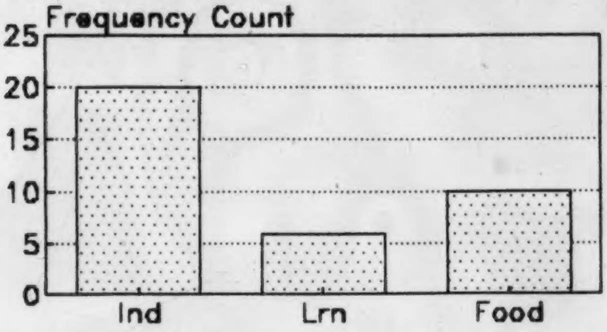


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

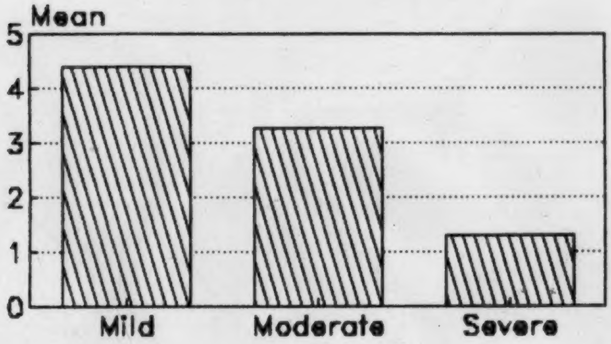


# 30. Implement Budget: Be Effec Purchasing Goods–Need



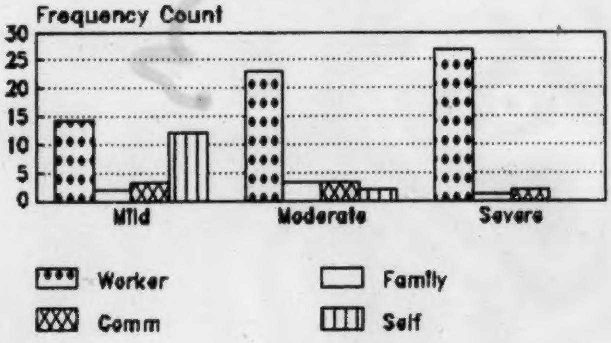
Validated 95%

Attainment Probability



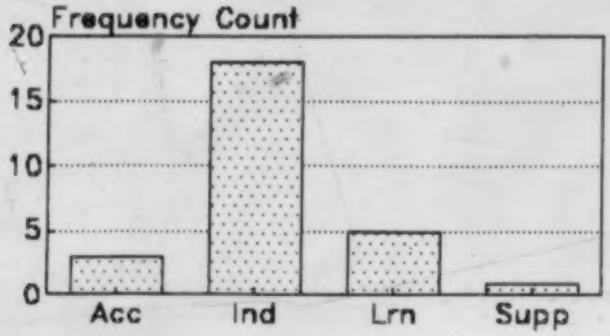
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



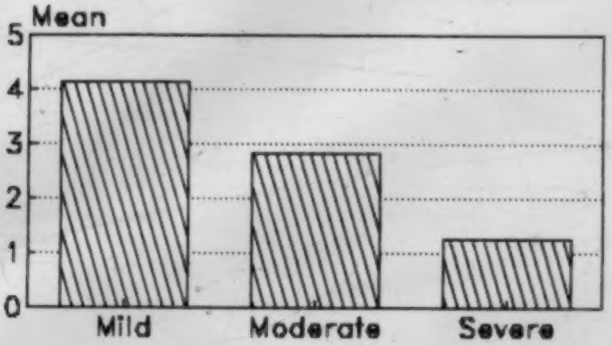
## 68. Problem Solving

Needs



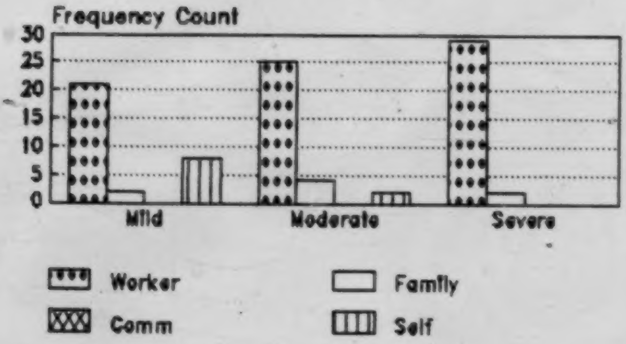
Validated 93%

Attainment Probability

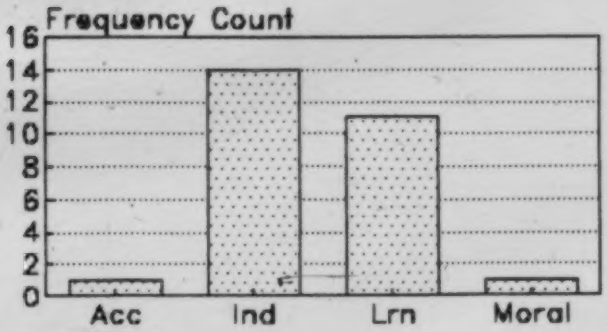


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

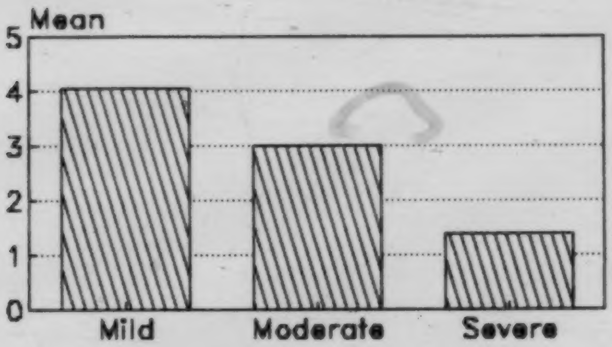


# 63. Manage Self As A Learner Needs



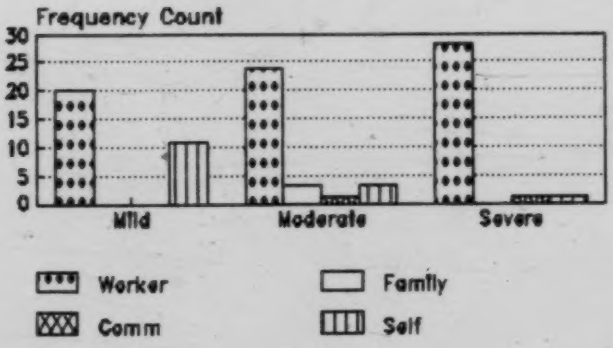
Validated 93%

Attainment Probability



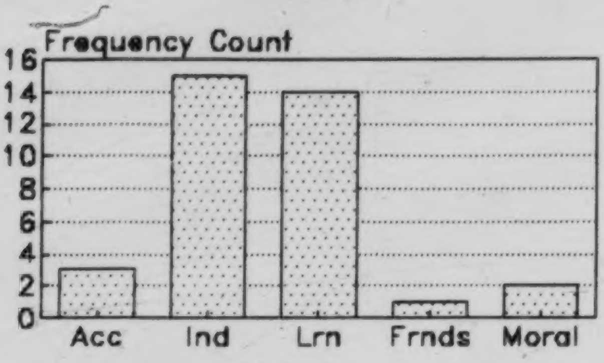
Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



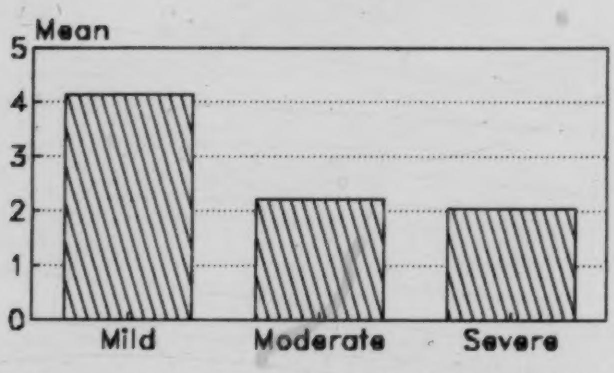
# 54. Adapt to Change

Needs



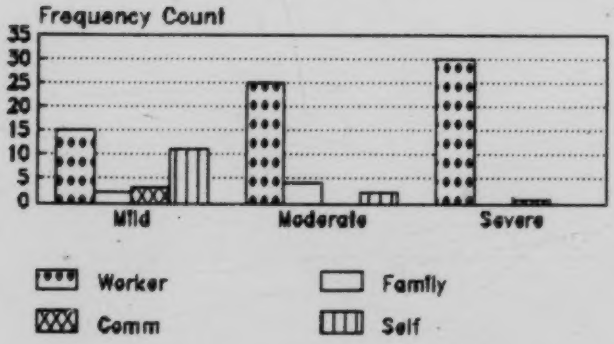
Validated 92%

Attainment Probability

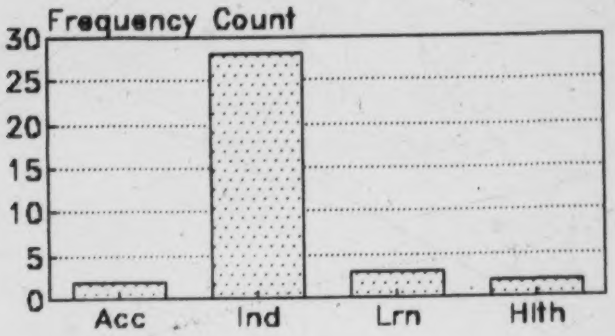


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

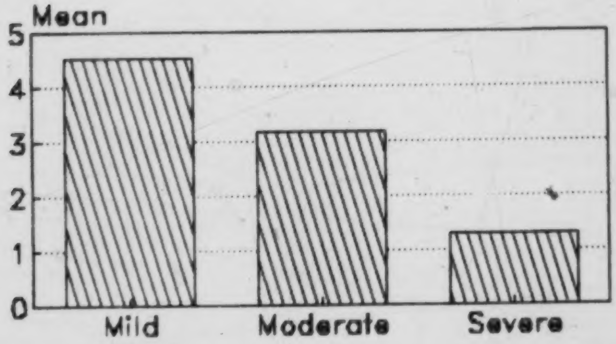


# 29. Meet Transportation Needs Needs



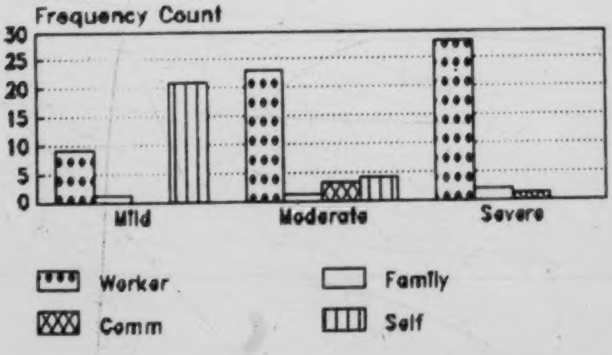
Validated 92%

Attainment Probability

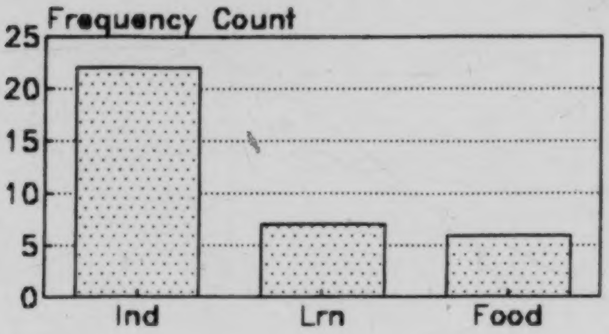


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

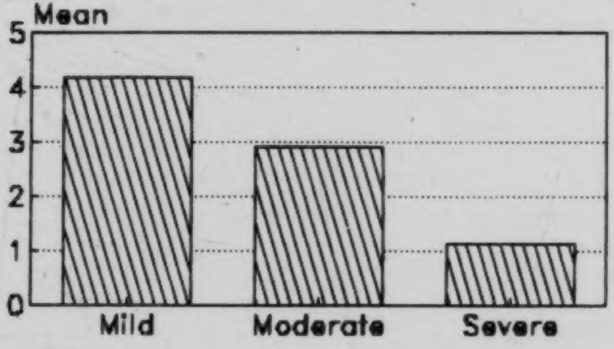


# 27. Implement Budget: Use Banking Serv. Effec – Needs



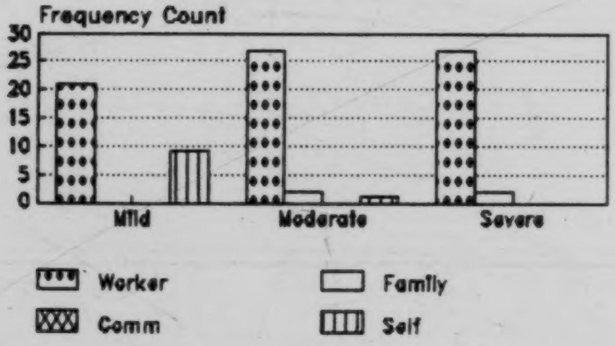
Validated 92%

Attainment Probability



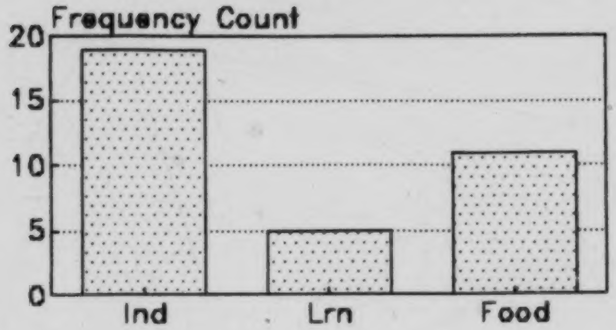
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



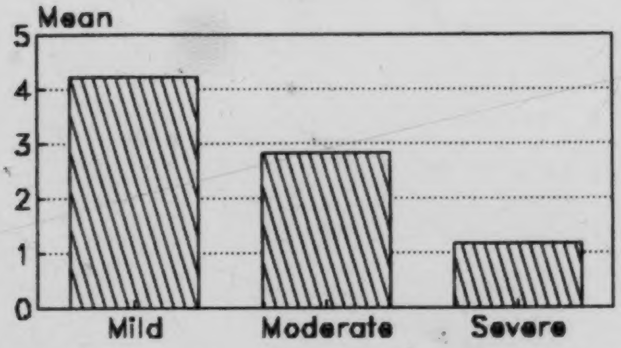
# 26. Plan A Budget

Needs



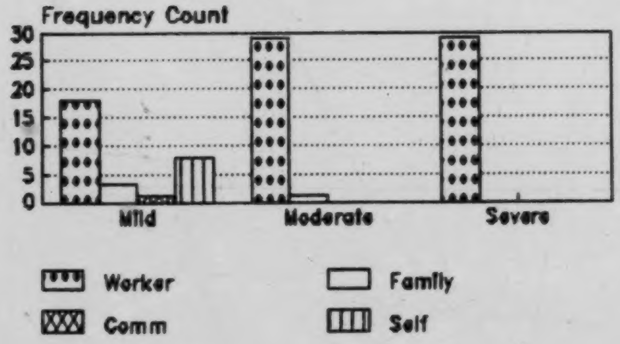
Validated 92%

Attainment Probability



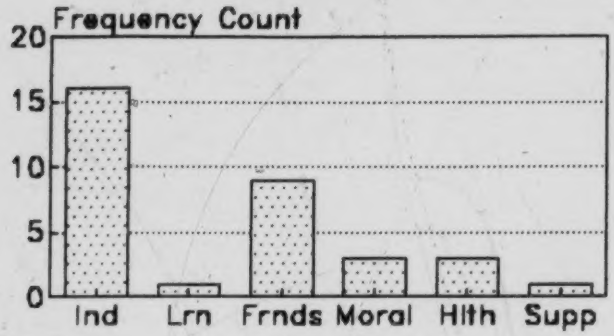
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



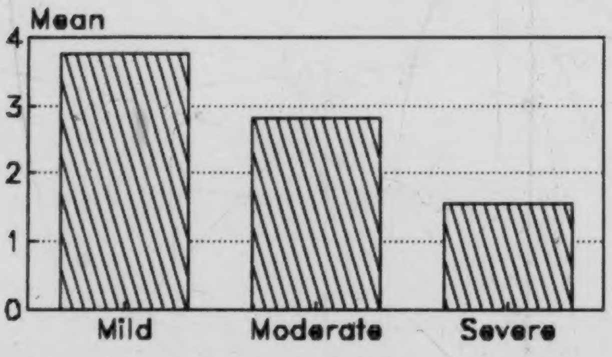
# 55. Cope With Crisis Situations

## Needs



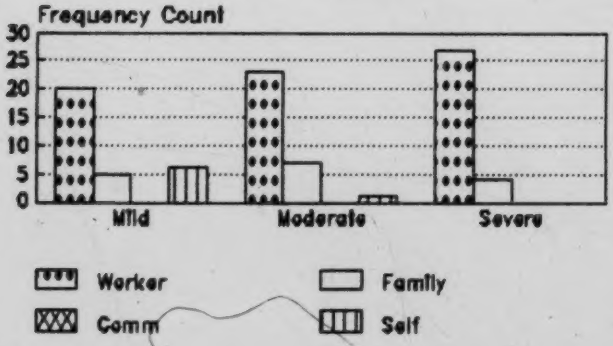
Validated 87%

## Attainment Probability

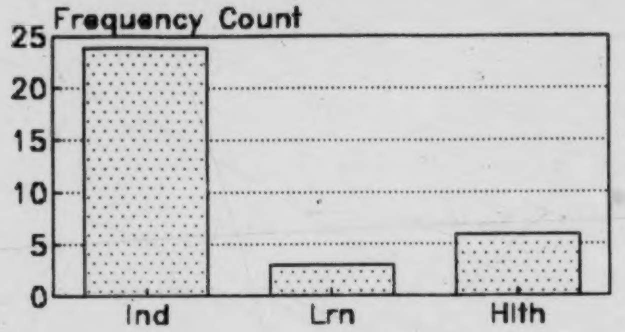


Scale 5–1 (Very Likely – Very Unlikely)

## Source Assistance

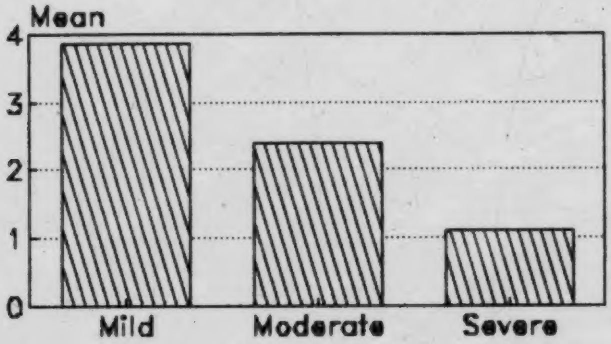


# 35. Maintain Records (e.g. Chk a/c,Immun,Hlth - Needs



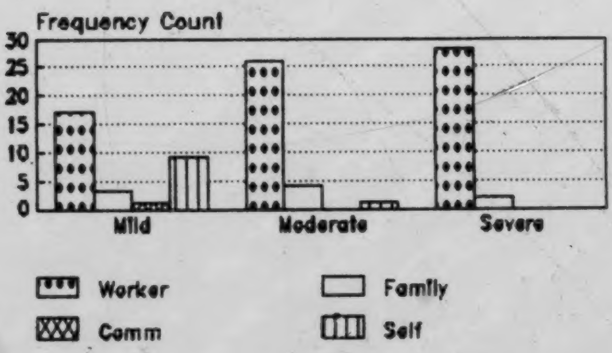
Validated 87%

## Attainment Probability

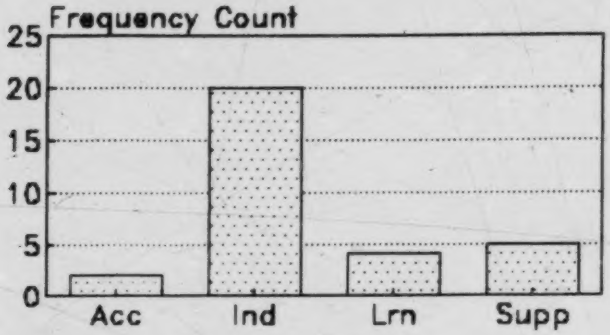


Scale 5-1 (Very Likely - Very Unlikely)

## Source Assistance

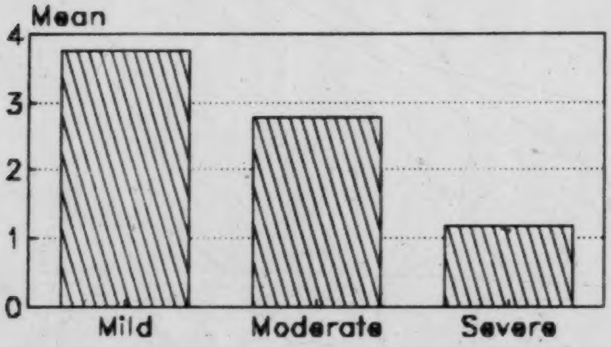


# 40. Seek & Use Legal Assistance As Needed - Needs



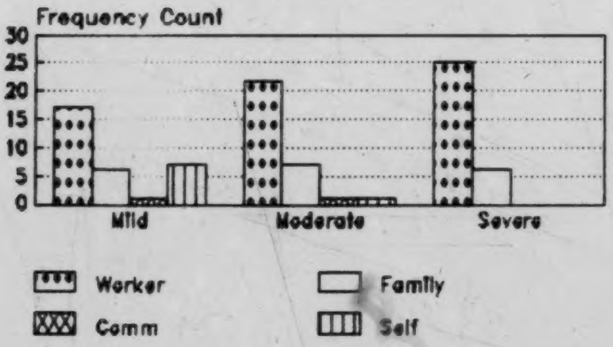
Validated 82%

Attainment Probability

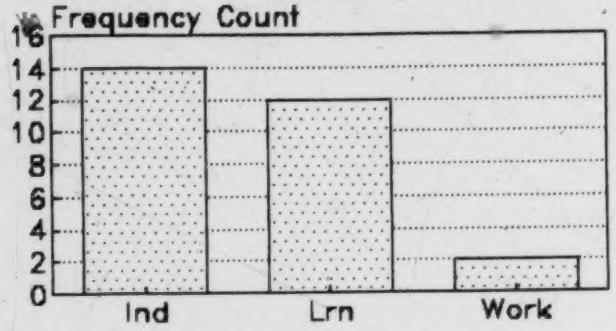


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

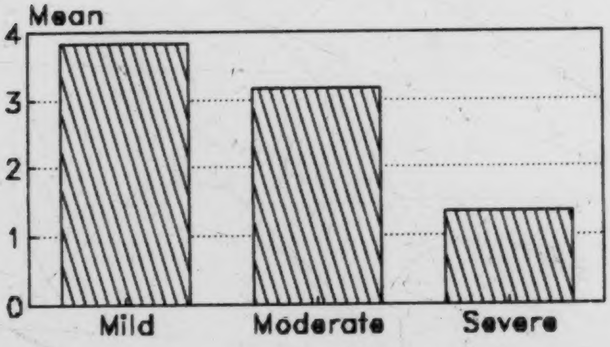


# 77. Perform Math Calculations Using Electro-Mech Aids-Need



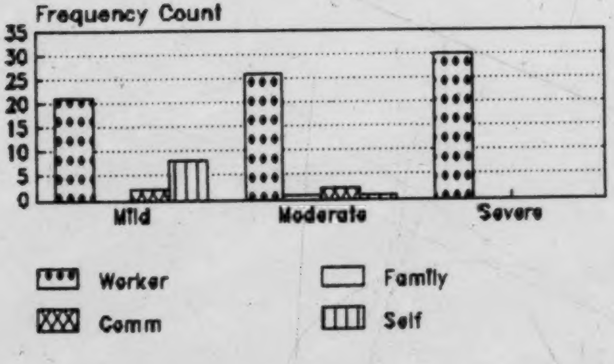
Validated 74%

Attainment Probability

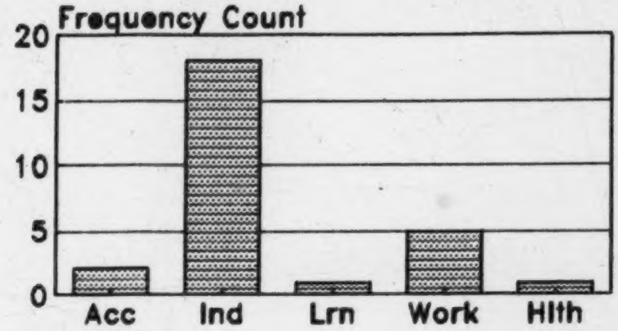


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

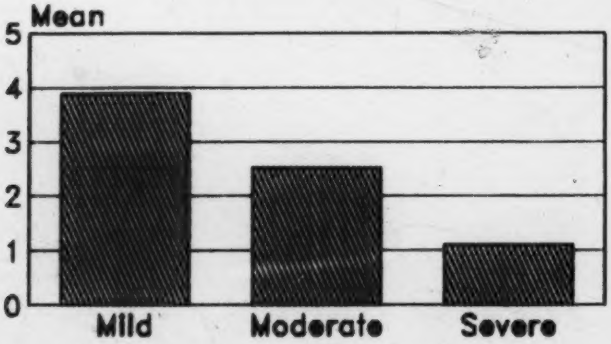


# 12. Assess Own Occupational Potential – Needs



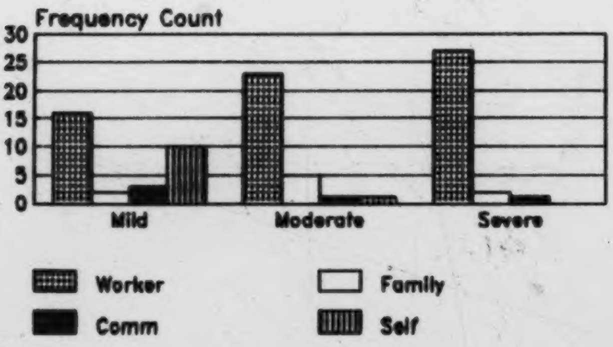
Validated 71%

Attainment Probability



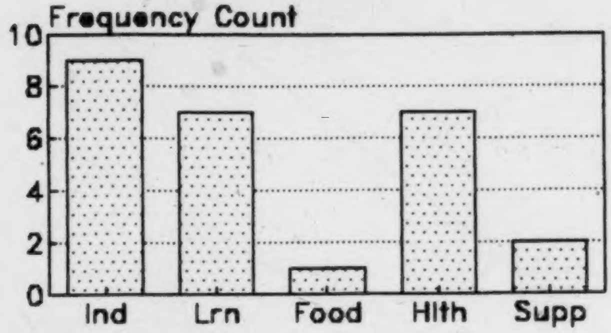
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



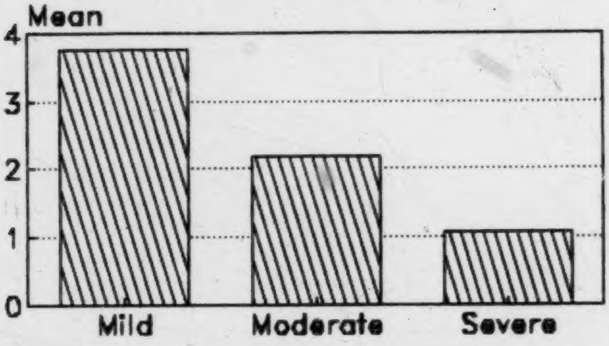
# 31. Meet Insurance Needs

## Needs



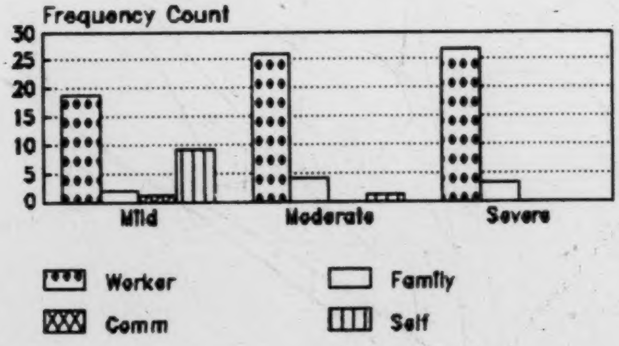
Validated 68%

Attainment Probability

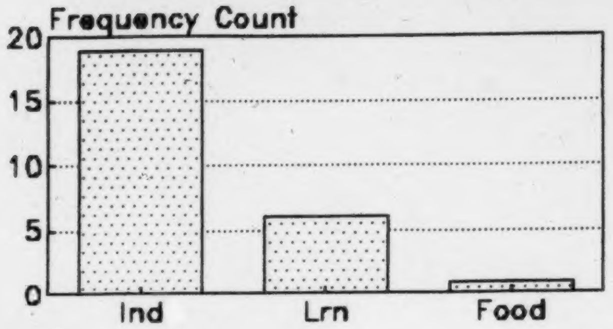


Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance

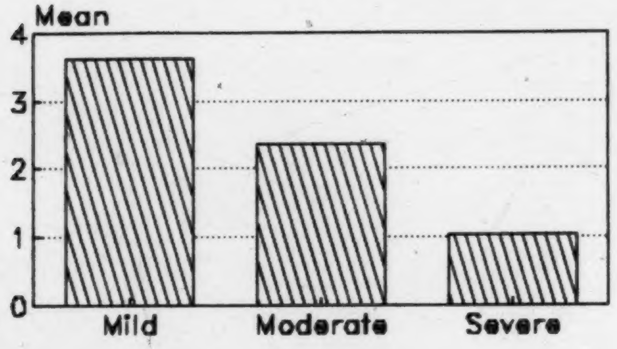


# 28. Implement Budget: Use Credit Effec. - Needs



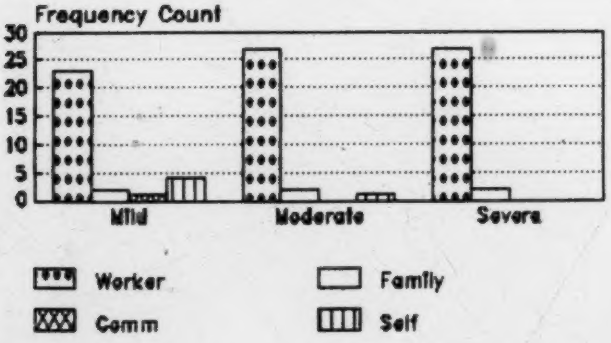
Validated 68%

Attainment Probability

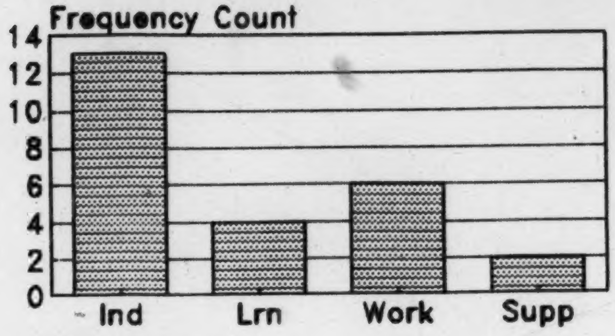


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

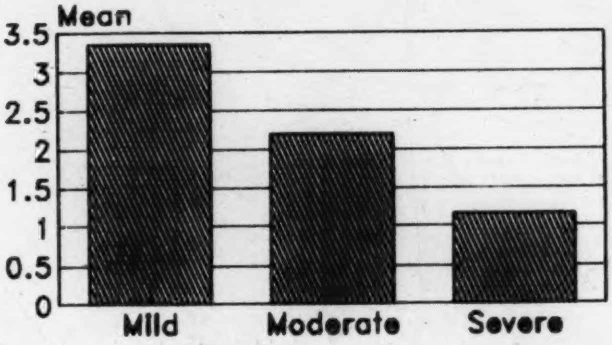


# 19. Understand Deduction and Benefit Pkgs. Avail – Needs



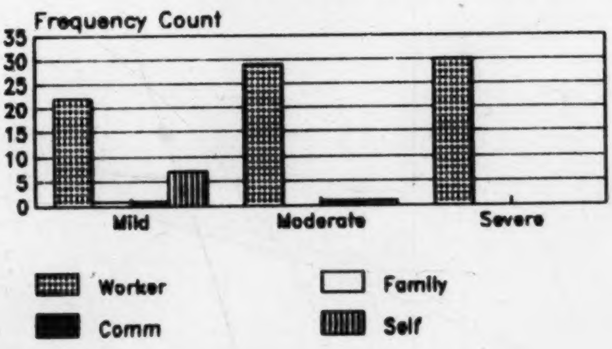
Validated 66%

Attainment Probability

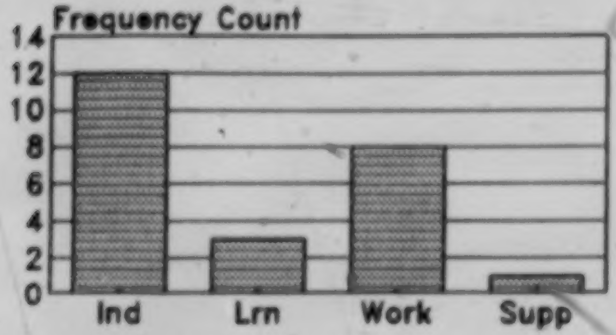


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

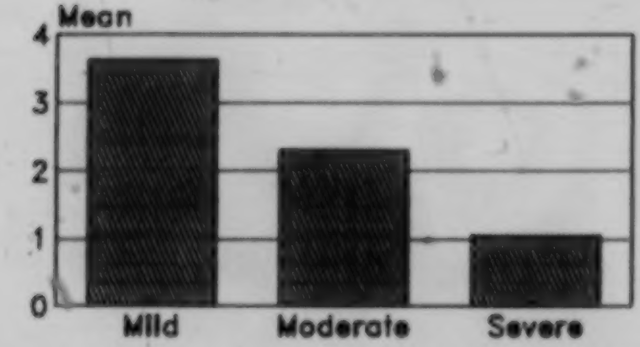


# 18. Plan/Manage Occupational Advncemnt/Developmnt–Needs



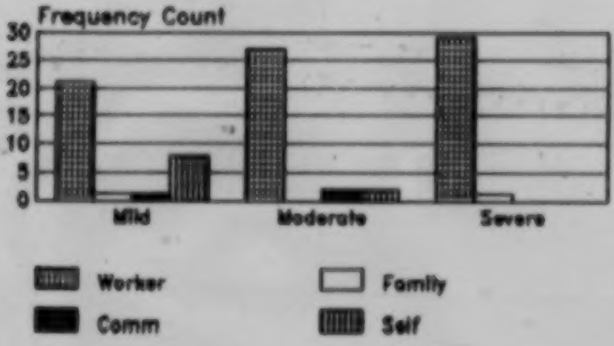
Validated 63%

Attainment Probability



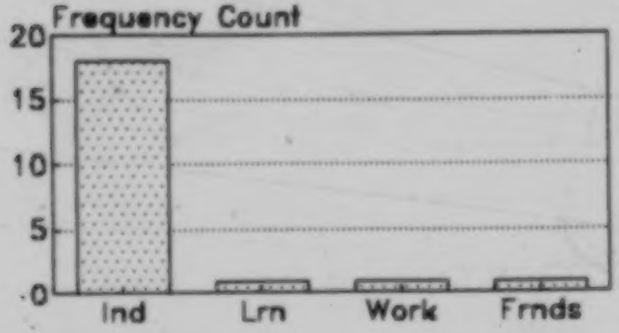
Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance



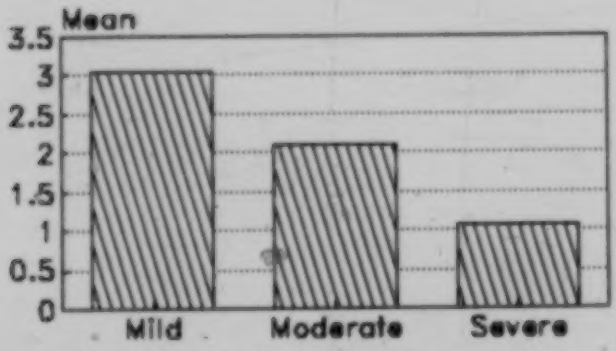
# 37. Develop An Estate Plan

## Needs



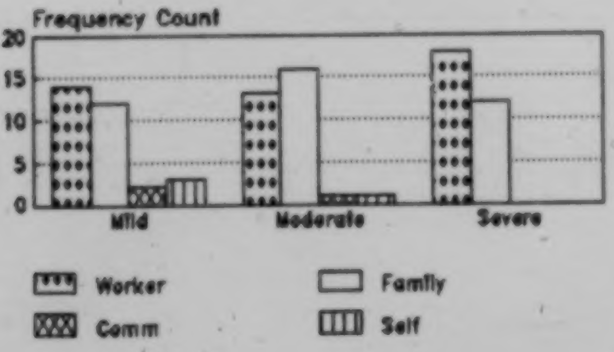
Validated 55%

## Attainment Probability

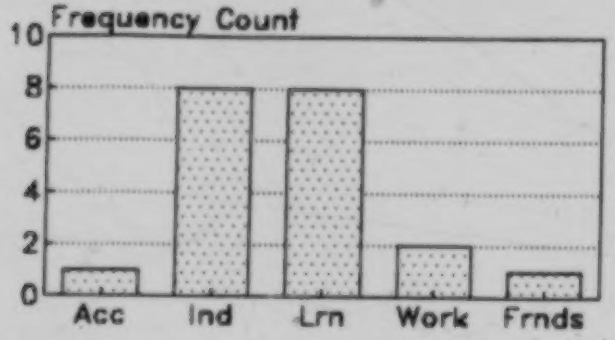


Scale 5-1 (Very Likely - Very Unlikely)

## Source Assistance

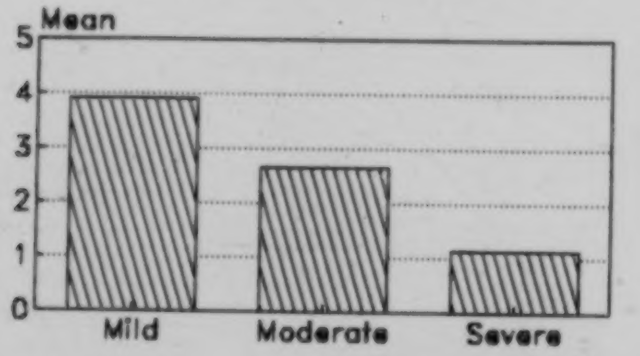


# 73. Write to Express An Idea or Convey Info – Needs



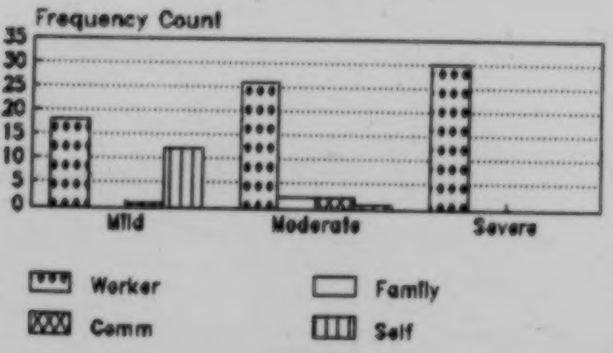
Validated 52%

Attainment Probability

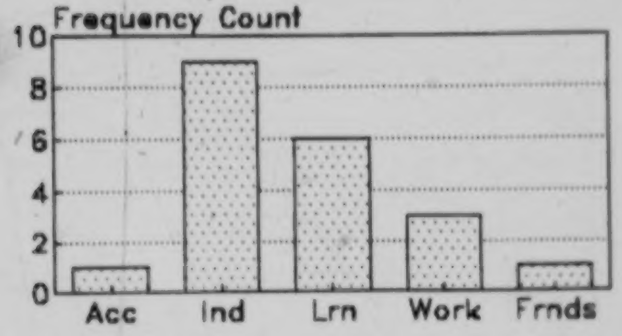


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

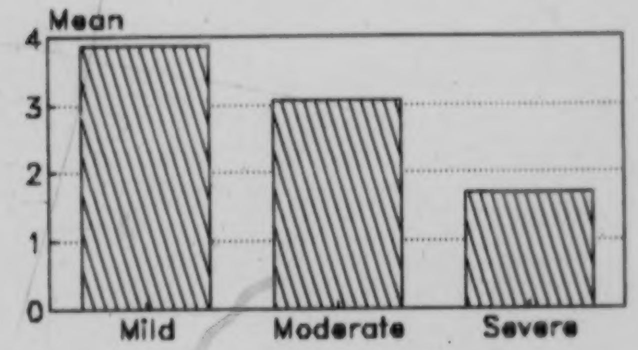


# 74. Communicate Using Electro Mechanical Aids – Needs



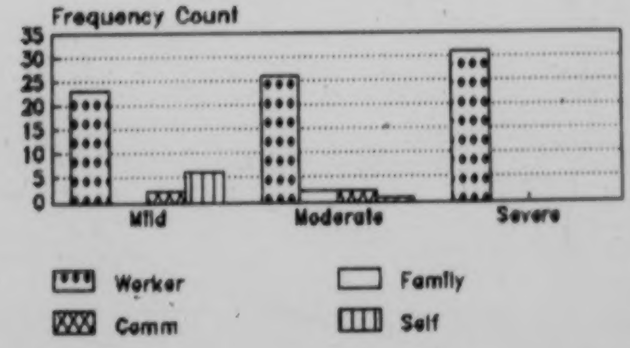
Validated 52%

Attainment Probability

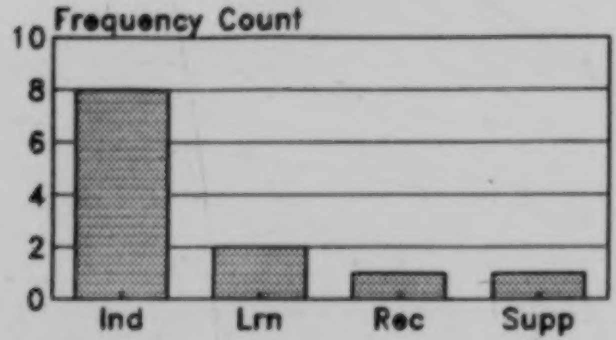


Scale 5–1 (Very Likely – Very Unlikely)

Source Assistance

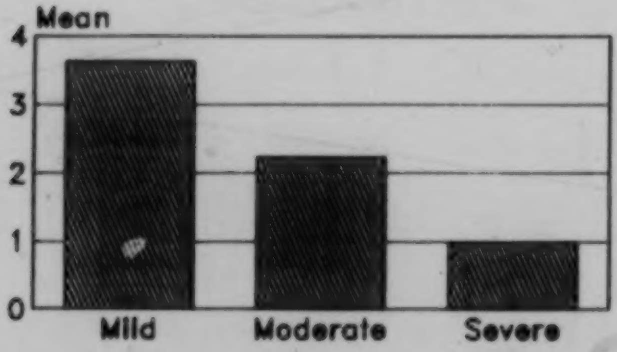


# 20. Plan/Manage Retirement Needs



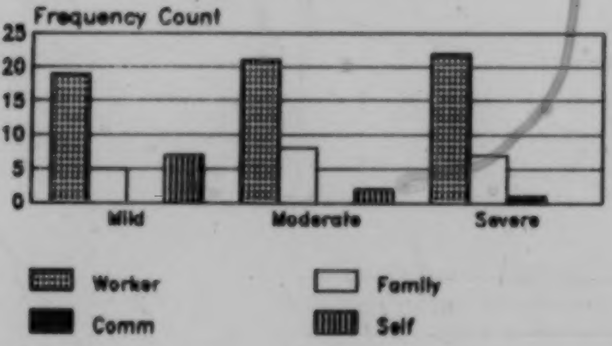
Validated 32%

Attainment Probability



Scale 5-1 (Very Likely - Very Unlikely)

Source Assistance



# A PROFILE OF
# FOR ADULTS WITH M
# LIVING IN

## NEEDS

## SKILLS AND SOURCES OF ASSISTANCE

**NEED A**
SUPPORT FROM COMMUNITY AND SOCIETY (PROVINCIAL POLICY - PROGRAM/SERVICE DELIVERY AND FINANCIAL SUPPORT)

**A-1**
UNDERSTAND/EXERCISE RIGHTS/RESPONSIBILITIES AND PRIVLEGES OF A CITIZEN

| | |
|---|---|
| MILD | FAM/WRKR/SELF |
| MODERATE | FAM/WRKR/SELF |
| SEVERE | FAM/WRKR/SELF |

**NEED B**
FOOD, CLOTHING AND SHELTER

**B-1**
OBTAIN/MAINTAIN ACCOMMODATION (THROUGH RENTING, BUYING, BUILDING)

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/FAM/ |

**B-2**
PLAN AND PREPARE NUTRITIOUS MEALS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/ / |
| SEVERE | WRKR/ / |

**NEED C**
HEALTH AND SAFETY OF SELF AND OTHERS

**C-1**
PRACTICE PROPER SANITATION

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

**C-2**
PRACTICE PERSONAL HYGIENE

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

**C-3**
RECOGNIZE AND ACT UPON SYMPTOMS OF ILLNESS

| | |
|---|---|
| MILD | SELF/ / |
| MODERATE | SELF/WRKR/ |

**C-4**
RECOGNIZE AND ACT UPON UNSAFE CONDITIONS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

**C-5**
READ AND INTERPRET SIGNS AND LABELS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

**C-6**
PRACTICE TRAFFIC SAFETY

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

**C-7**
STORE AND HAN
SAFELY

| | |
|---|---|
| MILD | WRK |
| MODERATE | WRK |

**NEED D**
FRIENDSHIPS AND LOVING RELATIONSHIPS

**D-1**
RECOGNIZE AND DEAL WITH EMOTIONS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

**D-2**
PARTICIPATE IN VERBAL COMMUNICATION INCLUDING SIGN LANGUAGE

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

**D-3**
ACQUIRE INTERPERSONAL SKILLS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

**D-4**
UNDERSTAND/DEAL WITH PERSONAL RELATIONSHIPS INCLUDING SEXUALITY

| | |
|---|---|
| MILD | FAM/SELF/WRKR |
| MODERATE | FAM/SELF/WRKR |
| SEVERE | WRKR/FAM/ |

**D-5**
APPRECIATE CULTURAL DIFFERENCES

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

**D-6**
RESPOND TO AND HELP OTHERS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

**D-7**
RECOGNIZE ACH
IN OTHERS

| | |
|---|---|
| MILD | SE |
| MODERATE | SEL |

**NEED E**
PHYSICAL AND PSYCHOLOGICAL RECREATION

**E-1**
RECOGNIZE PERSONAL PHYSICAL NEEDS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

**E-2**
PLAN AND USE LEISURE TIME

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

**NEED F**
ACCESS TO COMMUNITY RESOURCES (LOCAL COMMUNITY AND SOCIETAL SUPPORT)

**F-1**
UTILIZE COMMUNITY RESOURCES

**F-2**
PARTICIPATE IN COMMUNITY AFFAIRS

# ROFILE OF BASIC SKILLS
# ULTS WITH MENTAL HANDICAPS
# LIVING IN ALBERTA

PREPARED BY: ANN LIND-WILSON
UNIVERSITY OF ALBERTA
M. ED. THESIS
FEBRUARY, 1990

## LEGEND

| | |
|---|---|
| RED | - SKILLS APPLICABLE TO ADULTS WITH SEVERE, MODERATE AND MILD MENTAL HANDICAPS. |
| YELLOW | - ADDITIONAL SKILLS APPLICABLE TO ADULTS WITH MODERATE AND MILD MENTAL HANDICAPS. |
| BLUE | - ADDITIONAL SKILLS APPLICABLE TO ADULTS WITH MILD MENTAL HANDICAPS. |

C-6

PRACTICE TRAFFIC SAFETY

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

C-7

STORE AND HANDLE FOOD SAFELY

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

C-8

RESPONSIBLY USE DRUGS AND/OR ALCOHOL

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |

C-9

RECOGNIZE AND DEAL WITH EMOTIONS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

C-10

COPE WITH CRISIS SITUATIONS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

C-11

RECOGNIZE PERSONAL PHYSICAL NEEDS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

C-12

USE EMERGENCY FIRST AID TECHNIQUES

| | |
|---|---|
| MILD | WRKR/ / |
| MODERATE | WRKR/ / |

C-13

MEET INSURANCE NEEDS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |

D-6

RESPOND TO AND HELP OTHERS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

D-7

RECOGNIZE ACHIEVEMENT IN OTHERS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

D-8

MEET THE NEEDS OF SPOUSE

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

D-9

PLAN A FAMILY

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | FAM/SELF/WRKR |

D-10

PARENT EFFECTIVELY

| | |
|---|---|
| MILD | FAM/SELF/WRKR |
| MODERATE | FAM/SELF/WRKR |

D-11

BE CONSIDERATE OF THE MORALS/VALUES OF OTHERS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

| | | MILD | MODERATE | SEVERE |
|---|---|---|---|---|
| | | SELF/FAM/WRKR | SELF/FAM/WRKR | SELF/FAM/WRKR |
| | | SELF/FAM/WRKR | SELF/FAM/WRKR | SELF/FAM/WRKR |
| | | WRKR/SELF/ | WRKR/SELF/ | WRKR/ / |
| | | FAM/SELF/WRKR | FAM/SELF/WRKR | WRKR/FAM/ |
| | | SELF/FAM/WRKR | SELF/FAM/WRKR | |
| | | SELF/WRKR/ | WRKR/SELF/ | WRKR/SELF/ |
| | | S | S | |

**NEED E**

PHYSICAL AND PSYCHOLOGICAL RECREATION

| | | MILD | MODERATE | SEVERE |
|---|---|---|---|---|
| E-1 | RECOGNIZE PERSONAL PHYSICAL NEEDS | SELF/WRKR/ | WRKR/SELF/ | WRKR/SELF/ |
| E-2 | PLAN AND USE LEISURE TIME | WRKR/SELF/ | WRKR/SELF/ | |

**NEED F**

ACCESS TO COMMUNITY RESOURCES (LOCAL COMMUNITY AND SOCIETAL SUPPORT)

| | | MILD | MODERATE | SEVERE |
|---|---|---|---|---|
| F-1 | UTILIZE COMMUNITY RESOURCES | SELF/WRKR/ | WRKR/SELF/ | WRKR/ / |
| F-2 | PARTICIPATE IN COMMUNITY AFFAIRS | SELF/WRKR/ | WRKR/SELF/ | WRKR/ / |

**NEED G**

LEARNING NEW SKILLS KNOWLEDGE AND ATTITUDES

| | | MILD | MODERATE | SEVERE |
|---|---|---|---|---|
| G-1 | PRACTICE PERSONAL HYGIENE | SELF/WRKR/ | WRKR/SELF/ | WRKR/ / |
| G-2 | PARTICIPATE IN VERBAL COMMUNICATION INCLUDING SIGN LANGUAGE | SELF/FAM/WRKR | SELF/FAM/WRKR | SELF/FAM/WRKR |
| G-3 | ACQUIRE INTERPERSONAL SKILLS | WRKR/SELF/ | WRKR/SELF/ | WRKR/ / |
| G-4 | UNDERSTAND THE LEARNING ENVIRONMENT | WRKR/ / | WRKR/ / | WRKR/ / |
| G-5 | UTILIZE VARIOUS LEARNING METHODS | WRKR/SELF/ | WRKR/ / | WRKR/ / |
| G-6 | INTERPRET GRAPHICAL, PICTORIAL AND SYMBOLIC INFORMATION | SELF/WRKR/ | WRKR/SELF/ | WRKR/ / |
| G-7 | PRACTICAL TH | S | S | S |

**NEED H**

MEANINGFUL AND PRODUCTIVE ACTIVITY (WORK, ETC.)

| | | MILD | MODERATE | SEVERE |
|---|---|---|---|---|
| H-1 | OBTAIN KNOWLEDGE OF OCCUPATIONAL OPTIONS | WRKR/SELF/ | WRKR/SELF/ | |
| H-2 | ASSESS OWN OCCUPATIONAL POTENTIAL | SELF/WRKR/ | WRKR/SELF/ | |
| H-3 | ACQUIRE MARKETABLE SKILLS | WRKR/SELF/ | WRKR/SELF/ | |
| H-4 | FIND, APPLY FOR AND GET A JOB | SELF/WRKR/ | WRKR/SELF/ | |
| H-5 | KEEP A JOB (MEET JOB REQUIREMENTS) | SELF/WRKR/ | SELF/WRKR/ | SELF/WRKR/ |
| H-6 | DETERMINE IF JOB MEETS PERSONAL EXPECTATIONS AND RESPONSIBILITIES | SELF/WRKR/ | SELF/WRKR/ | |
| H-7 | IDENTIFY WI<br>ROLES OF OT<br>RELATION TO | S | S | |

**NEED I**

ACCEPTANCE AND VALUE AS A PERSON

| | | MILD | MODERATE | SEVERE |
|---|---|---|---|---|
| I-1 | PRACTICE PERSONAL HYGIENE | SELF/WRKR/ | WRKR/SELF/ | WRKR/ / |
| I-2 | PARTICIPATE IN VERBAL COMMUNICATION INCLUDING SIGN LANGUAGE | SELF/FAM/WRKR | SELF/FAM/WRKR | SELF/FAM/WRKR |
| I-3 | ACQUIRE INTERPERSONAL SKILLS | WRKR/SELF/ | WRKR/SELF/ | WRKR/ / |
| I-4 | UNDERSTAND/DEAL WITH PERSONAL RELATIONSHIPS INCLUDING SEXUALITY | FAM/SELF/WRKR | FAM/SELF/WRKR | WRKR/FAM/ |
| I-5 | RECOGNIZE AND MAINTAIN PERSONAL MENTAL NEEDS | SELF/FAM/WRKR | SELF/FAM/WRKR | SELF/FAM/WRKR |
| I-6 | PRACTICAL THINKING | SELF/WRKR/ | SELF/WRKR/ | SELF/WRKR/ |
| I-7 | PROBLEM SOU | S | S | W |
| I-15 | RECOGNIZE ACHIEVEMENT IN OTHERS | SELF/WRKR/ | SELF/WRKR/ | |
| I-16 | BE ACCEPTING OF OTHER'S POSITIONS AND COMPROMISE APPROPRIATELY | SELF/WRKR/ | SELF/WRKR/ | WRKR/SELF/ |
| I-17 | BE CONSIDERATE OF THE MORALS AND VALUES OF OTHERS | SELF/FAM/WRKR | SELF/FAM/WRKR | SELF/FAM/WRKR |
| I-18 | RECOGNIZE INFLUENCES OF PERSONAL CULTURE, TRADITION AND CUSTOMS | SELF/FAM/WRKR | SELF/FAM/WRKR | SELF/FAM/WRKR |
| I-19 | APPRECIATE CULTURAL DIFFERENCES | SELF/FAM/WRKR | SELF/FAM/WRKR | |
| I-20 | ASSUME RESPONSIBILITY FOR INDIVIDUALS WITH SPECIAL NEEDS | WRKR/SELF/ | WRKR/SELF/ | WRKR/ / |
| I-21 | ABIDE BY TH | S | S | |

**NEED J**

MORAL AND SPIRITUAL DEVELOPMENT

| | |
|---|---|
| J-1 | RESPONSIBLE AND ACCOUNTABLE FOR OWN ACTIONS/BEHAVIOUR |
| J-2 | RECOGNIZE THE NEED FOR AND THE APPLICATION OF SELF DISCIPLINE |
| J-3 | BE CONSIDERATE OF THE MORALS AND VALUES OF OTHERS |
| J-4 | RECOGNIZE INFLUENCES OF PERSONAL CULTURE, TRADITIONS AND CUSTOMS |
| J-5 | UNDERSTAND PURPOSE OF LAWS AND EFFECTS ON INDIVIDUAL |
| J-6 | ABIDE BY THE LAW |

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | FAM/SELF/WRKR |

| | |
|---|---|
| MILD | FAM/SELF/WRKR |
| MODERATE | FAM/SELF/WRKR |

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

G-6

INTERPRET GRAPHICAL, PICTORIAL AND SYMBOLIC INFORMATION

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

G-7

PRACTICAL THINKING

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

G-8

PROBLEM SOLVING

| | |
|---|---|
| MILD | SELF/WRKR/FAM |
| MODERATE | SELF/WRKR/FAM |
| SEVERE | WRKR/SELF/FAM |

G-9

PERFORM BASIC MATHEMATICAL OPERATIONS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

G-10

PERFORM MATHEMATICAL CALCULATIONS USING ELECTRO-MECHANICAL AIDS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

G-11

READ FOR COMPREHENSION

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

G-12

OBTAIN KNOWLEDGE OF OCCUPATIONAL OPTIONS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

G-13

ACQUIRE MARKETABLE SKILLS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

G-14

UNDERSTAND PURPOSE OF LAWS AND EFFECTS ON INDIVIDUAL

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | WRKR/FAM/ |

H-6

DETERMINE IF JOB MEETS PERSONAL EXPECTATIONS AND RESPONSIBILITIES

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

H-7

IDENTIFY WITH NEEDS/ROLES OF OTHERS IN RELATION TO JOB

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

H-8

UNDERSTAND DEDUCTION AND BENEFIT PACKAGES AVAILABLE

| | |
|---|---|
| MILD | WRKR/SELF/ |

I-6

PRACTICAL THINKING

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

I-7

PROBLEM SOLVING

| | |
|---|---|
| MILD | SELF/WRKR/FAM |
| MODERATE | SELF/WRKR/FAM |
| SEVERE | WRKR/SELF/FAM |

I-8

UNDERSTAND/EXERCISE RIGHTS, RESPONSIBILITIES AND PRIVLEGES OF A CITIZEN

| | |
|---|---|
| MILD | FAM/WRKR/SELF |
| MODERATE | FAM/WRKR/SELF |
| SEVERE | FAM/WRKR/SELF |

I-9

MOTIVATE SELF DEVELOPING A POSITIVE SELF IMAGE

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | WRKR/ / |

I-10

EXPRESS PERSONAL PRIDE IN ONESELF DESPITE HANDICAP

| | |
|---|---|
| MILD | FAM/SELF/WRKR |
| MODERATE | FAM/SELF/WRKR |
| SEVERE | FAM/SELF/WRKR |

I-11

ASSERT SELF (STAND UP FOR WHAT YOU BELIEVE)

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

I-12

RECOGNIZE THE NEED FOR AND THE APPLICATION OF SELF DISCIPLINE

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

I-13

RESPONSIBLE AND ACCOUNTABLE FOR OWN ACTIONS/BEHAVIOUR

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

I-14

RESPOND TO AND HELP OTHERS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

I-20

ASSUME RESPONSIBILITY FOR INDIVIDUALS WITH SPECIAL NEEDS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

I-21

ABIDE BY THE LAW

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

I-22

DETERMINE IF JOB MEETS PERSONAL EXPECTATIONS AND RESPONSIBILTIES

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

I-23

IDENTIFY WITH NEEDS/ROLES OF OTHERS IN RELATION TO JOB

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

I-24

INTERPRET CURRENT EVENTS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

J-6

ABIDE BY THE LAW

NEED I

ACCEPTANCE AND VALUE AS A PERSON

I-1

PRACTICE PERSONAL HYGIENE

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

I-2

PARTICIPATE IN VERBAL COMMUNICATION INCLUDING SIGN LANGUAGE

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

I-3

ACQUIRE INTERPERSONAL SKILLS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

I-4

UNDERSTAND/DEAL WITH PERSONAL RELATIONSHIPS INCLUDING SEXUALITY

| | |
|---|---|
| MILD | FAM/SELF/WRKR |
| MODERATE | FAM/SELF/WRKR |
| SEVERE | WRKR/FAM/ |

I-5

RECOGNIZE AND MAINTAIN PERSONAL MENTAL NEEDS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

I-6

PRACTICAL THINKING

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

I-7

PROBLEM S

| |
|---|
| MILD |
| MODERATE |
| SEVERE |

I-15

RECOGNIZE ACHIEVEMENT IN OTHERS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

I-16

BE ACCEPTING OF OTHER'S POSITIONS AND COMPROMISE APPROPRIATELY

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | WRKR/SELF/ |

I-17

BE CONSIDERATE OF THE MORALS AND VALUES OF OTHERS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

I-18

RECOGNIZE INFLUENCES OF PERSONAL CULTURE, TRADITION AND CUSTOMS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

I-19

APPRECIATE CULTURAL DIFFERENCES

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

I-20

ASSUME RESPONSIBILITY FOR INDIVIDUALS WITH SPECIAL NEEDS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

I-21

ABIDE BY

| |
|---|
| MILD |
| MODERATE |

NEED J

MORAL AND SPIRITUAL DEVELOPMENT

J-1

RESPONSIBLE AND ACCOUNTABLE FOR OWN ACTIONS/BEHAVIOUR

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

J-2

RECOGNIZE THE NEED FOR AND THE APPLICATION OF SELF DISCIPLINE

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

J-3

BE CONSIDERATE OF THE MORALS AND VALUES OF OTHERS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

J-4

RECOGNIZE INFLUENCES OF PERSONAL CULTURE, TRADITIONS AND CUSTOMS

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

J-5

UNDERSTAND PURPOSE OF LAWS AND EFFECTS ON INDIVIDUAL

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | WRKR/FAM/ |

J-6

ABIDE BY THE LAW

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

NEED K

INDEPENDENCE AND CONTROL OVER OWN LIFE

K-1

PARTICIPATE IN VERBAL COMMUNICATION INCLUDING SIGN LANGUAGE

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | SELF/FAM/WRKR |

K-2

COMMUNICATE USING ELECTRO-MECHANICAL AIDS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

K-3

WRITE TO EXPRESS AN IDEA OR CONVEY INFORMATION

| | |
|---|---|
| MILD | SELF/WRKR/ |

K-4

UTILIZE VARIOUS LEARNING METHODS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/ / |
| SEVERE | WRKR/ / |

K-5

READ FOR COMPREHENSION

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

K-6

PRACTICAL THINKING

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

K-7

PROBLEM S

| |
|---|
| MILD |
| MODERATE |
| SEVERE |

K-15

FIND, APPLY FOR AND GET A JOB

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |

K-16

DETERMINE IF JOB MEETS PERSONAL EXPECTATIONS AND RESPONSIBILITIES

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

K-17

MEET TRANSPORTATION NEEDS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | WRKR/SELF/ |

K-18

PERFORM BASIC MATHEMATICAL OPERATIONS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

K-19

PERFORM MATHEMATICAL CALCULATIONS USING ELECTRO-MECHANICAL AIDS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

K-20

MAINTAIN RECORDS (EG: CHECKING ACCOUNT, IMMUNIZATION, HEALTH RECORDS)

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | FAM/WRKR/SELF |

K-21

PLAN A BUD

| |
|---|
| MILD |
| MODERATE |

MODERATE SELF/WRKR/

MODERATE SELF/WRKR/

I-6

PRACTICAL THINKING

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

I-7

PROBLEM SOLVING

| | |
|---|---|
| MILD | SELF/WRKR/FAM |
| MODERATE | SELF/WRKR/FAM |
| SEVERE | WRKR/SELF/FAM |

I-8

UNDERSTAND/EXERCISE RIGHTS, RESPONSIBILITIES AND PRIVLEGES OF A CITIZEN

| | |
|---|---|
| MILD | FAM/WRKR/SELF |
| MODERATE | FAM/WRKR/SELF |
| SEVERE | FAM/WRKR/SELF |

I-9

MOTIVATE SELF DEVELOPING A POSITIVE SELF IMAGE

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | WRKR/ / |

I-10

EXPRESS PERSONAL PRIDE IN ONESELF DESPITE HANDICAP

| | |
|---|---|
| MILD | FAM/SELF/WRKR |
| MODERATE | FAM/SELF/WRKR |
| SEVERE | FAM/SELF/WRKR |

I-11

ASSERT SELF (STAND UP FOR WHAT YOU BELIEVE)

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

I-12

RECOGNIZE THE NEED FOR AND THE APPLICATION OF SELF DISCIPLINE

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

I-13

RESPONSIBLE AND ACCOUNTABLE FOR OWN ACTIONS/BEHAVIOUR

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

I-14

RESPOND TO AND HELP OTHERS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

I-20

ASSUME RESPONSIBILITY FOR INDIVIDUALS WITH SPECIAL NEEDS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/ / |

I-21

ABIDE BY THE LAW

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

I-22

DETERMINE IF JOB MEETS PERSONAL EXPECTATIONS AND RESPONSIBILTIES

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

I-23

IDENTIFY WITH NEEDS/ ROLES OF OTHERS IN RELATION TO JOB

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

I-24

INTERPRET CURRENT EVENTS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

J-6

ABIDE BY THE LAW

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |

K-6

PRACTICAL THINKING

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

K-7

PROBLEM SOLVING

| | |
|---|---|
| MILD | SELF/WRKR/FAM |
| MODERATE | SELF/WRKR/FAM |
| SEVERE | WRKR/SELF/FAM |

K-8

ASSERT SELF (STAND UP FOR WHAT YOU BELIEVE)

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

K-9

RECOGNIZE THE NEED FOR AND THE APPLICATION OF SELF DISCIPLINE

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

K-10

RESPONSIBLE AND ACCOUNTABLE FOR OWN ACTIONS/BEHAVIOUR

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |
| SEVERE | SELF/WRKR/ |

K-11

RESPONSIBLY USE DRUGS AND/OR ALCOHOL

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |

K-12

OBTAIN KNOWLEDGE OF OCCUPATIONAL OPTIONS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

K-13

ASSESS OWN OCCUPATIONAL POTENTIAL

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | WRKR/SELF/ |

K-14

ACQUIRE MARKETABLE SKILLS

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |

K-20

MAINTAIN RECORDS (EG: CHECKING ACCOUNT, IMMUNIZATION, HEALTH RECORDS)

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | FAM/WRKR/SELF |

K-21

PLAN A BUDGET

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

K-22

IMPLEMENT BUDGET: BE EFFECTIVE IN PURCHASING GOODS AND SERVICES

| | |
|---|---|
| MILD | WRKR/SELF/ |
| MODERATE | WRKR/SELF/ |
| SEVERE | WRKR/SELF/ |

K-23

IMPLEMENT BUDGET: USE BANKING SERVICES EFFECTIVELY

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

K-24

IMPLEMENT BUDGET: USE CREDIT EFFECTIVELY

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

K-25

DEVELOP AN ESTATE PLAN

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | FAM/SELF/WRKR |

K-26

UNDERSTAND, IDENTIFY, AND COPE WITH TAXATION PROCESS

| | |
|---|---|
| MILD | SELF/WRKR/ |
| MODERATE | SELF/WRKR/ |

K-27

SEEK AND USE LEGAL ASSISTANCE AS NEEDED

| | |
|---|---|
| MILD | SELF/FAM/WRKR |

K-28

UNDERSTAND PURPOSE OF LAWS AND EFFECTS ON INDIVIDUAL

| | |
|---|---|
| MILD | SELF/FAM/WRKR |
| MODERATE | SELF/FAM/WRKR |
| SEVERE | WRKR/FAM/ |